

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

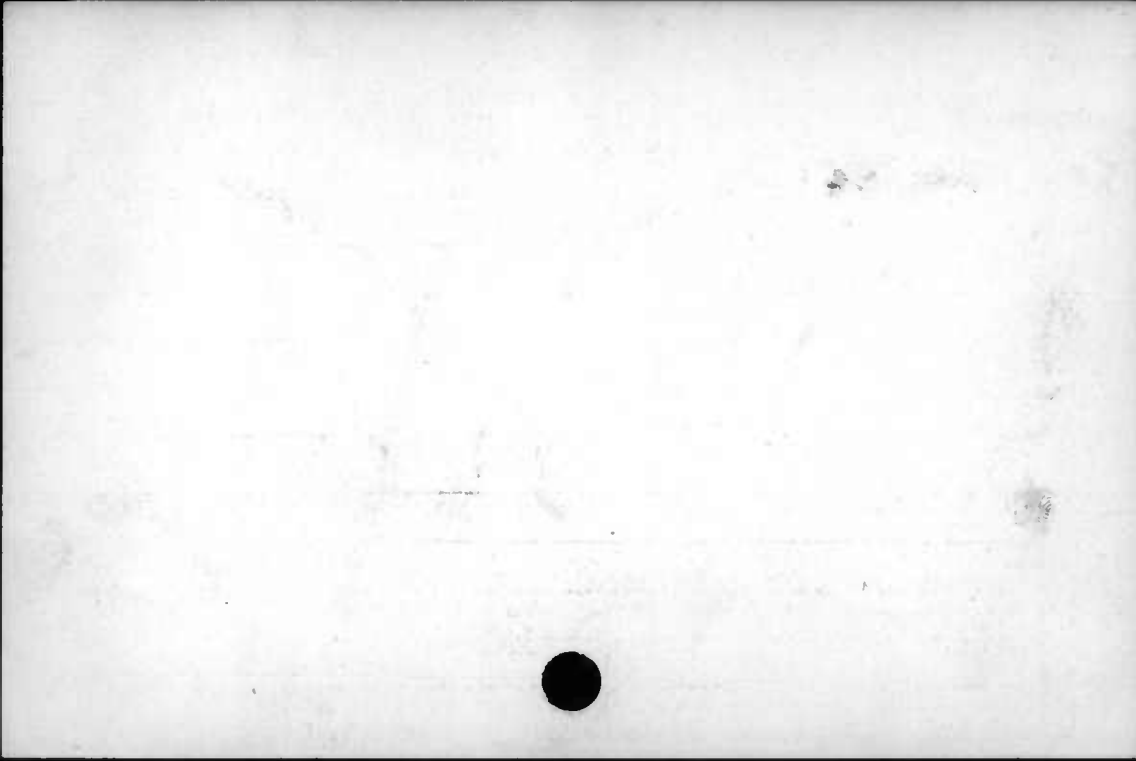
Name in Full <i>Mary Andes</i>		Town <i>Unionville</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Month <i>Novbr.</i>		Day <i>30</i>	
Age <i>78</i>		Years <i>5</i>		Months <i>1</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Unionville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Joseph D. Andes</i>					
Father's Name <i>Anthony Smith</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Barbara Tyler</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Thomas Smith</i>		How related to deceased <i>Aunt</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of age</i>		How long <i>X</i>	
Immediate <i>Pneumonia</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas P. Sappington</i>	
<i>yes</i>		Address <i>Unionville Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Martin L. Bambridge

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

1907

Month

11

Day

22

Age

Years

—

Months

5

Days

11

Sex

Male

Color or  
Race

Black

Birth-  
place

City

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

James L. Bambridge

Father's  
Birthplace

City

Mother's  
Maiden Name

Sarah E. Speakes

Mother's  
Birthplace

Wash. Co. Md.

Name of person giving  
In formation

J. L. Bambridge

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis

How long

How long

Immediate

Esteria

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. P. Farney MD

Address

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Nov 22<sup>d</sup>  
" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr. H. P. Fahney.

Name  
in  
Full

John Beall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

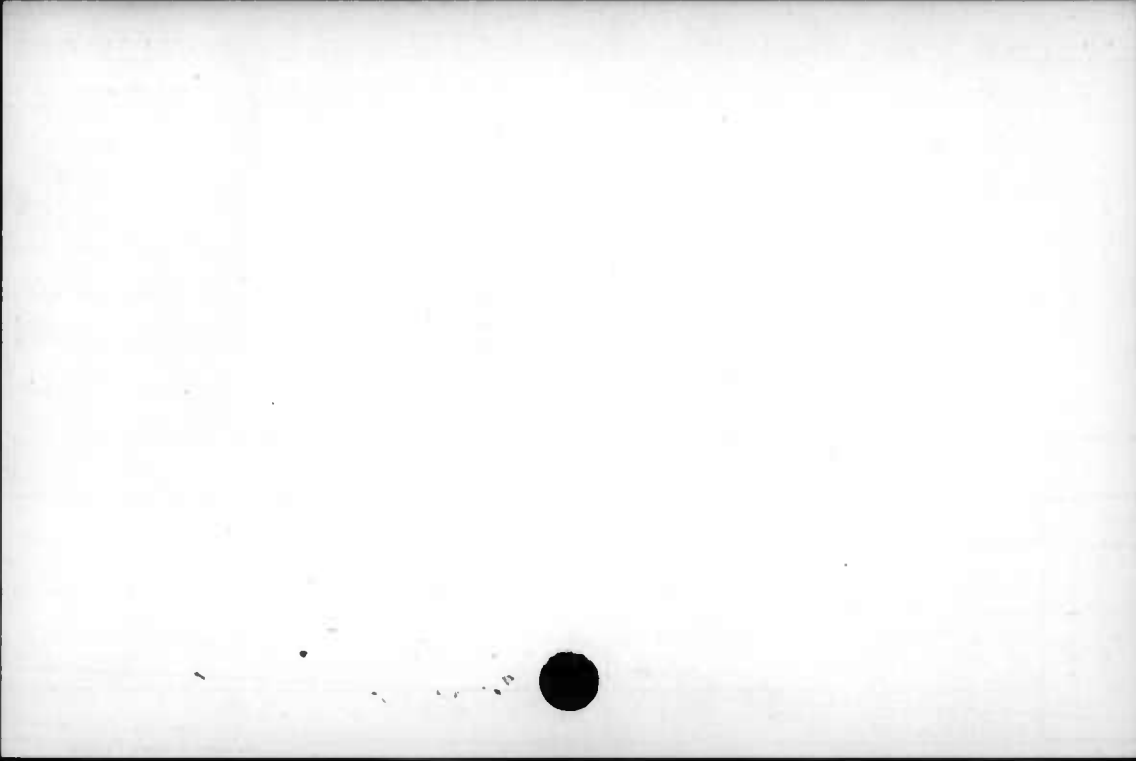
Died at <i>Montgomery Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>28</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Rt York Co Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hospital records</i>			How related to deceased				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Charlotte Elizabeth Bowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Frederick* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death | 90 *7* | Month *11* | Day *23* | Age *73* - | Months *9* | Days *5*

Sex *Female* | Color or Race *White* | Birth-place *Md*

Occupation *Retired* | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband *William D. Bowers*

Father's Name *Dr Roubzahn* | Father's Birthplace *Frederick Co Md*

Mother's Maiden Name *Elizabeth Lighter* | Mother's Birthplace *" "*

Name of person giving information *C. C. County* | How related to deceased *Undertaker*

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

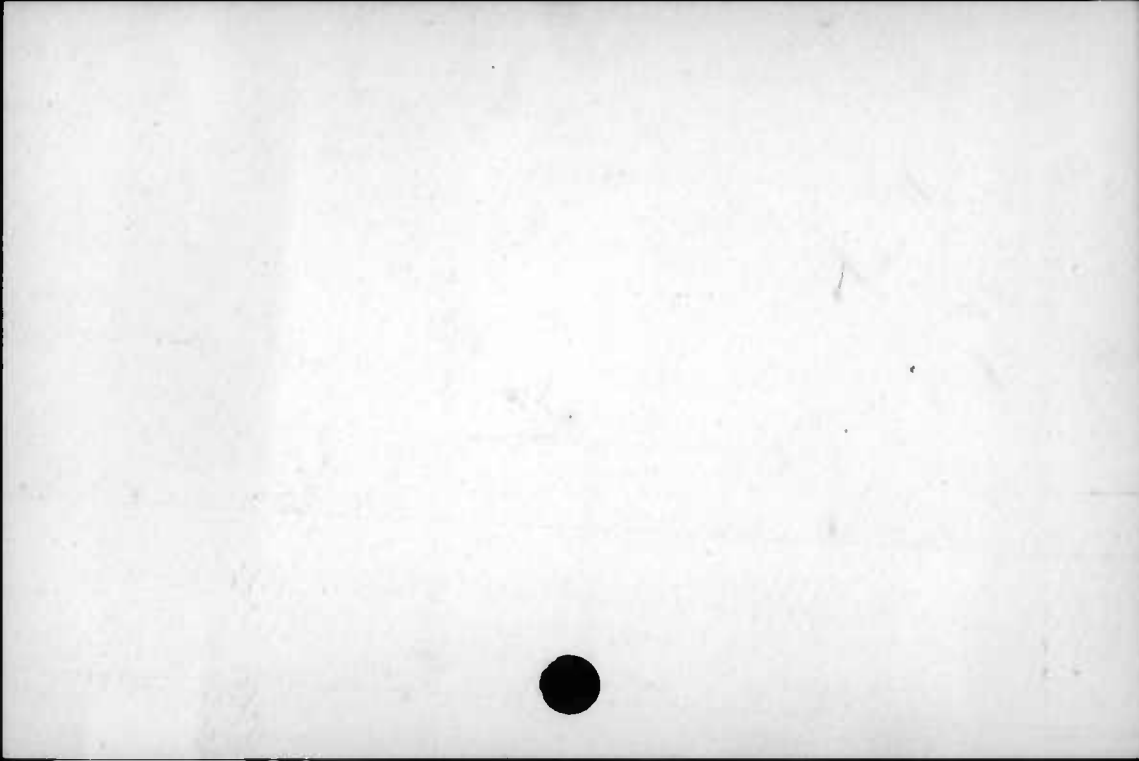
Primary *Chronic Bronchitis* | How long *2 years*

Immediate *Exhaustion* | How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes* | Signature of Physician *Chas. F. Goodlee. M.D.*

Address *Frederick. Md.*

Accident or Suicide? *No*





Name  
in  
Full

Thomas Bratton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Med</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ann Bratton</i>						
Father's Name <i>John Bratton</i>	Father's Birthplace <i>Med</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace						
Name of person giving information <i>Chas Brooker's</i>	How related to deceased <i>Son in Law</i>						

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Indefinite</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>Several hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. E. Bourne</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	

Internment at Brannount

" Dec 2 - 04

Thomas P. Rice.

Name in Full		Mary Virginia'Brien				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Urbana		Fiduch			
Date		Month	Day	Years	Months	Days	
of death		1907	November	21	Age	78	4 25
Sex		Female		Color or Race		White	
Occupation		Domestic		Birth-place		Baltimore Md	
Where Residing if not at place of death		Urbana					
Married, Single or Widowed		Married		Name of Wife or Husband			
				L. Freeman'Brien			
Father's Name		G.B. Wilson		Father's Birthplace		Baltimore	
Mother's Maiden Name		Laurana Brudruff		Mother's Birthplace		Wash. Co. Md.	
Name of person giving information		L. Freeman'Brien		How related to deceased		Husband	
CAUSES OF DEATH							
Primary		General debility				How long	
						Three yrs.	
Immediate		Heart failure				How long	
						One day	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Bert C. Perry	
				Address		Urbana Md.	
Accident or Suicide?							

Catholic Cemetery  
Urbana

C. C. Cony.

Name  
in  
Full

*Hannah Brightwell*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town *Frederick* County

Date of death *1907* Month *11* Day *24* Age *98* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Maier* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *Hettie Adams* Mother's Birthplace *Md.*

Name of person giving information *Mary Brightwell* How related to deceased *Daughter*

## CAUSES OF DEATH

*134*

PHYSICIAN  
OR CORONER

Primary *Senile Debility* How long *7 yr*

Immediate *Asthma* How long *3 mos*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *U. E. Borron*

Address *Frederick Md*

Accident or Suicide?

Interment Nov 26 - 07  
" at Laboring Sons  
Thomas P. Rice, F&D

Name  
in  
Full

Ellen Ann Brown

## CERTIFICATE OF DEATH

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NEAREST FRIEND

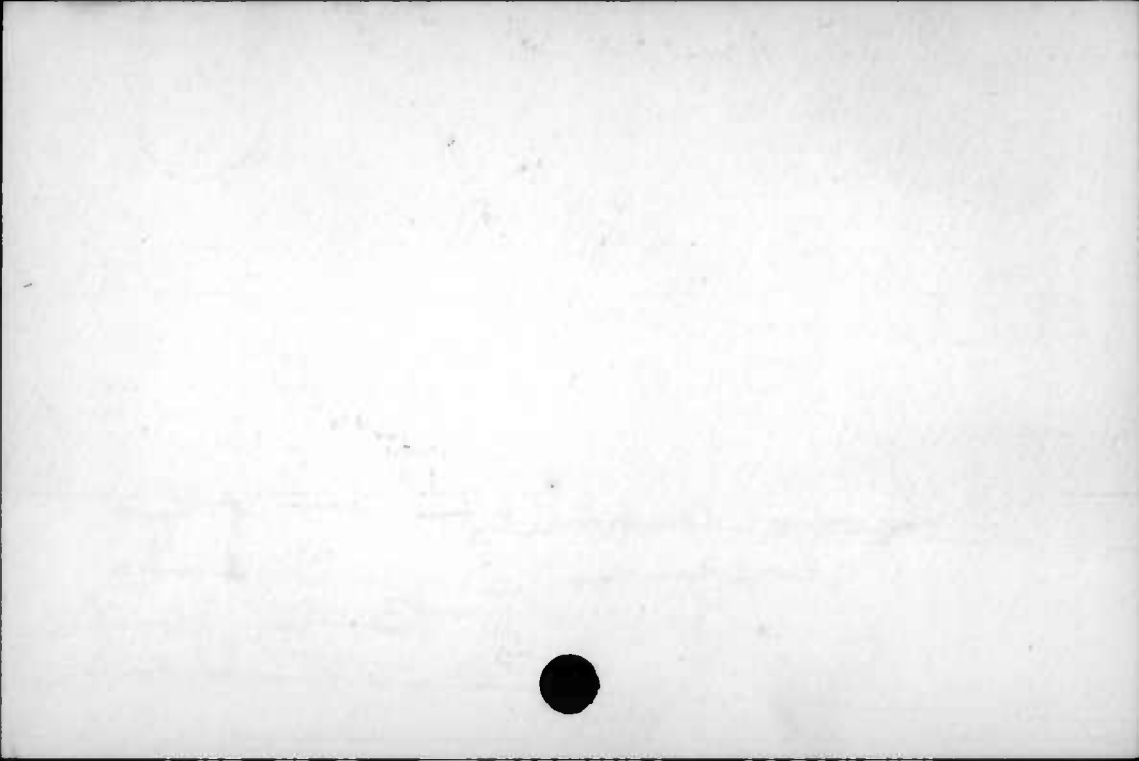
Died at <i>Emmitsburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	Nov	Day	12 <sup>th</sup>	Age	78 <sup>1/2</sup>
Sex	Female	Color or Race	White	Months	2	Days	19
Occupation	<i>Sister of Charity</i>			Where Residing if not at place of death		Birthplace <i>Baltimore Md</i>	
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>John Thomas Brown</i>			Father's Birthplace		<i>Balt. Md</i>	
Mother's Maiden Name	<i>Sarah McHenry</i>			Mother's Birthplace		<i>Balt. Md</i>	
Name of person giving information	<i>Dr Bernadine Orndorff</i>			How related to deceased		<i>Wife</i>	

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of the Heart.</i>	How long	<i>3 years</i>
Immediate	<i>Arteriosclerosis from fracturing right leg - at the hip</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>John B Brown M.D.</i>	
Address		<i>Emmitsburg Md</i>	
Accident or Suicide?			





Name  
in  
Full

Malinda Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

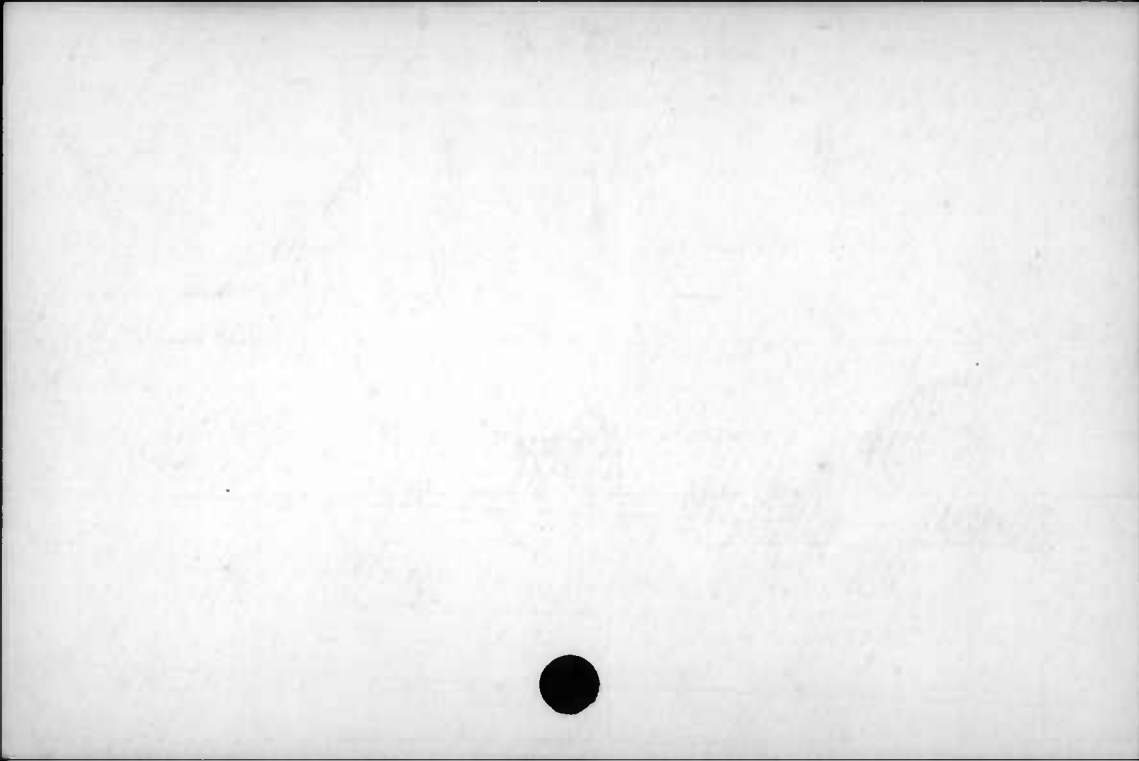
Died at <u>Emmitsburg</u> <u>Frederick</u> County		MARYLAND	
Date of death 1907	Month <u>11</u>	Day <u>14</u>	Age <u>58</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>	Months <u>10</u> Days <u>9</u>
Occupation <u>House Wife</u>	Where Residing if not at place of death		
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>David Brown</u>		
Father's Name <u>William Moser</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Martina Gausch</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Evelin Moser</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>5 yrs</u>
Immediate <u>Uremia</u>	How long <u>3 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. D. Hamilton</u>
	Address <u>Emmitsburg</u>
Accident or Suicide?	



Name  
in  
Full

Lucy Viola Burdette.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt. Pleasant.		<sup>County</sup> Frederick		MARYLAND	
Date of death	1907	Month	Nov.	Day	30
Age		Years		Months	Days
14		10		27	
Sex	Female	Color or Race	White	Birth-place	Frederick Co.
Occupation	Student.		Where Residing if not at place of death		
<del>Married</del> Single		Name of Wife or Husband			
Father's Name		Chas. M. Burdette.		Father's Birthplace	
				Montgomery Co.	
Mother's Maiden Name		Christina C. Cook		Mother's Birthplace	
				Frederick Co.	
Name of person giving information		Chas. Burdette		How related to deceased	
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hypertensive fever	How long	3 weeks
Immediate	Peritonitis	How long	12 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. St. Long.	
		Address	
		Shakerville	
		Md.	
Accident or Suicide?			

1907  
1692  
157

127

Name  
in  
Full

Zelia V. Cashow

No. 19

## CERTIFICATE OF DEATH

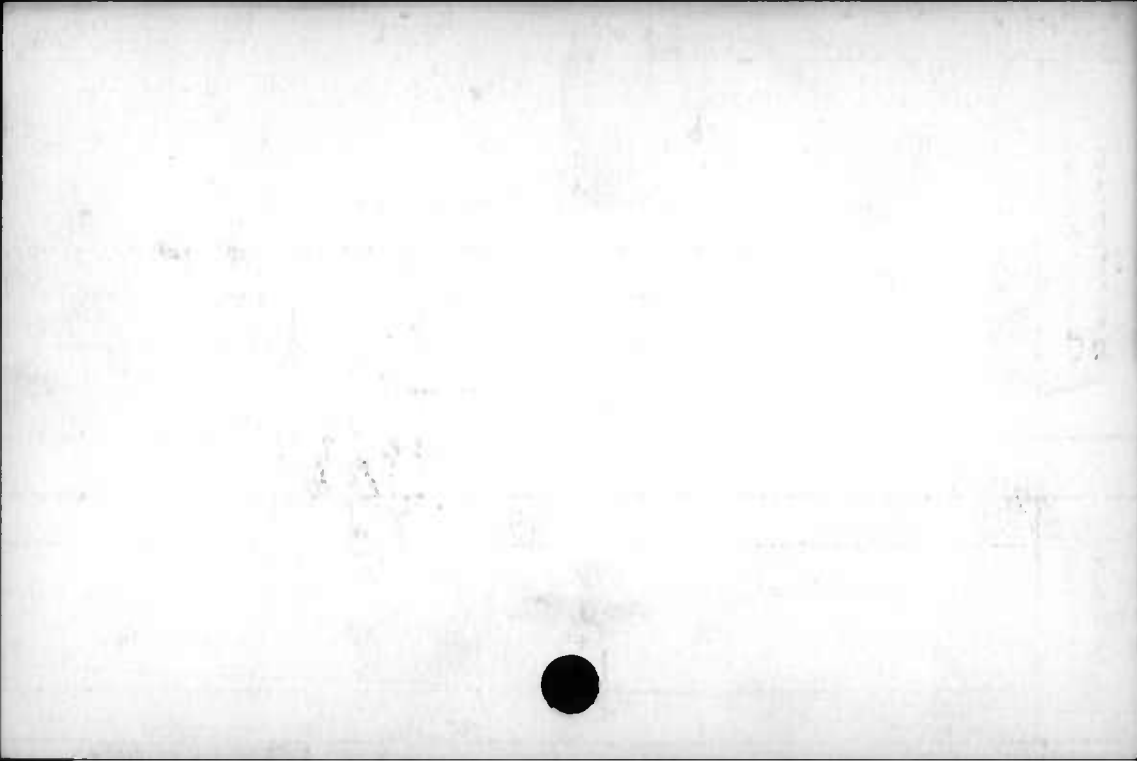
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New London</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>31st</i>	Age <i>8</i>	Years <i>1</i> Months <i>18</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Spick Co., Md</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>William J. Cashow</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Annie M. Wright</i>		Mother's Birthplace "			
Name of person giving information <i>Annie M. Cashow</i>		How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>9 days</i>
Immediate	<i>Meningitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D.</i>	
		Address <i>New Market Md</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Anthony Colburn

## CERTIFICATE OF DEATH

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NEAREST FRIEND

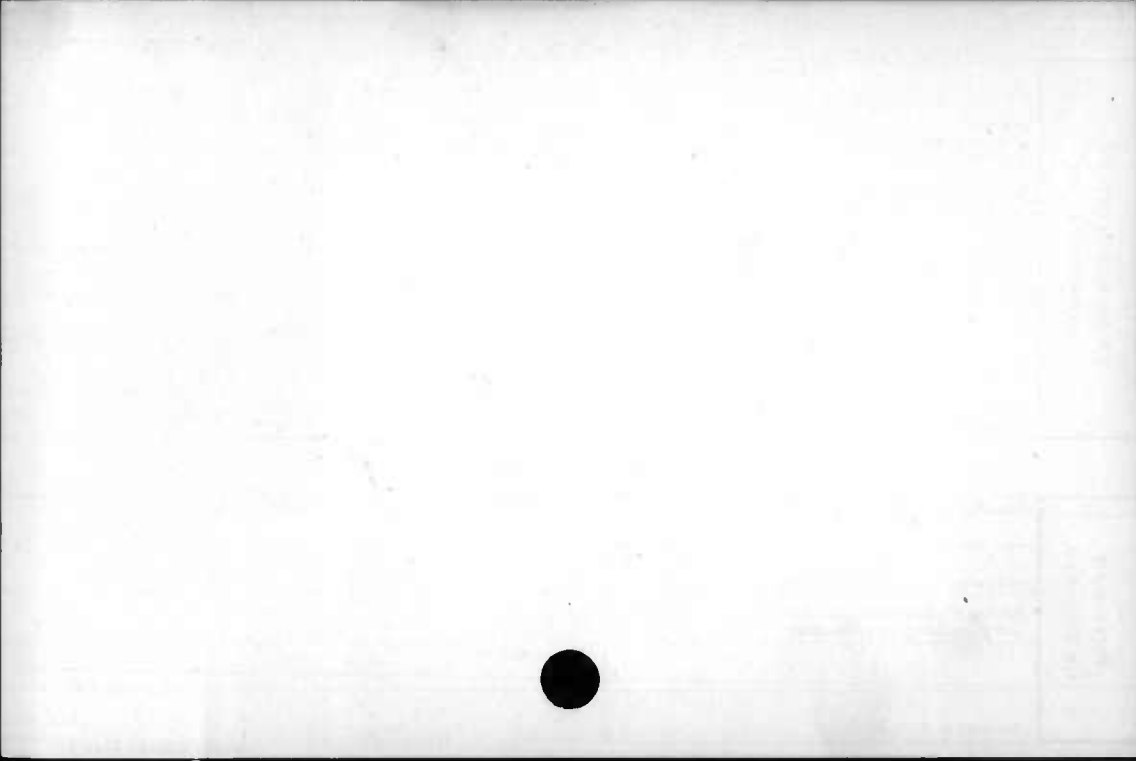
Died at <i>Monticune Hospital</i> <sup>Town</sup> <i>Fred</i> <sup>County</sup> <i>15</i>		MARYLAND			
Date of death <i>1907</i>	Month <i>11</i>	Day <i>29</i>	Age <i>52</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Annapolis</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Davis</i>				
Father's Name <i>Tom Colburn</i>	Father's Birthplace <i>Anne Arundel</i>				
Mother's Maiden Name <i>Sarah Colburn</i>	Mother's Birthplace <i>Anne Arundel</i>				
Name of person giving information <i>John A. Adams</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Heart debility</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	





Name  
in  
Full

Frederick Herr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Wine-River*

<sup>County</sup> *Frederick*

MARYLAND

Date of death *1907* <sup>Month</sup> *Nov* <sup>Day</sup> *30*

<sup>Years</sup> *27* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male*

Color or Race *White*

Birth place *Pa*

Occupation *C. & O. Conductor*

Where Residing if not at place of death *—*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *Frederick Herr*

Father's Birthplace *Pa*

Mother's Maiden Name *Mrs. Josephine Wilson*

Mother's Birthplace *Pa*

Name of person giving information *Wm. H. J. Enns*

How related to deceased *Mother*

CAUSES OF DEATH

**62**

Primary *Locomotor - Ataxia*

How long *14 yrs*

Immediate *Quebr. Paralysis (Ephing)*

How long *4 weeks*

Are the name, age, sex, color, date and place, correctly given above? *Yes*

Signature of Physician

Address

*Wm. H. J. Enns*  
*15. N. 2nd St.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

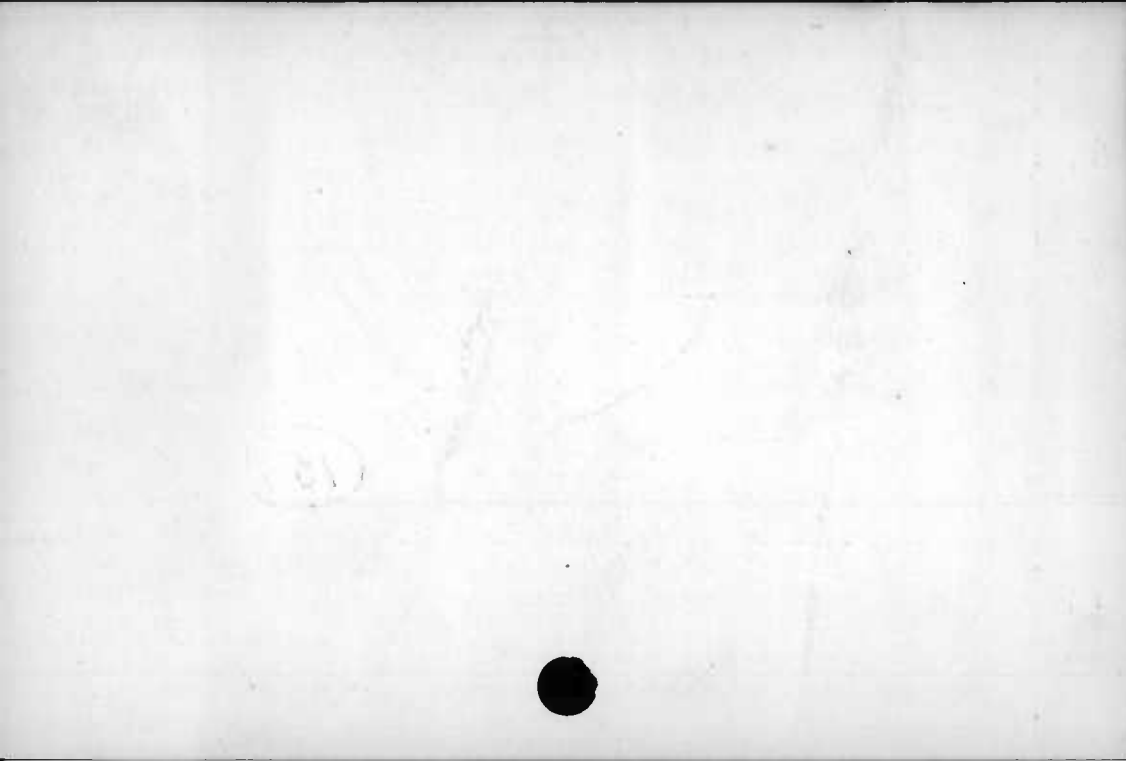
Name in Full <i>Ellen J. V. Dorcus</i>		Town <i>Stoodsborough</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>9</i>		Years <i>74</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick County</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Stoodsboro</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Dorcus</i>					
Father's Name <i>Michael Thomas</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ellen J. V. Thomas</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>William H. Dorcus</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Serious Debility</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John J. Remsburg</i>	
		Address <i>Shackensville</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Elizabeth Treese* Town *Middletown* County *Brederick* MARYLAND

Died at *Middletown*

Date of death *1907* Month *Nov* Day *23* Age *65* Years Months *8* Days *19*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry C Treese*

Father's Name *James Mull* Father's Birthplace *Ind*

Mother's Maiden Name *Catharine Mull* Mother's Birthplace *Ind*

Name of person giving information *Marshall Treese* How related to deceased *Son*

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary *Gall Stone Colic* Recurred *about 2 years*

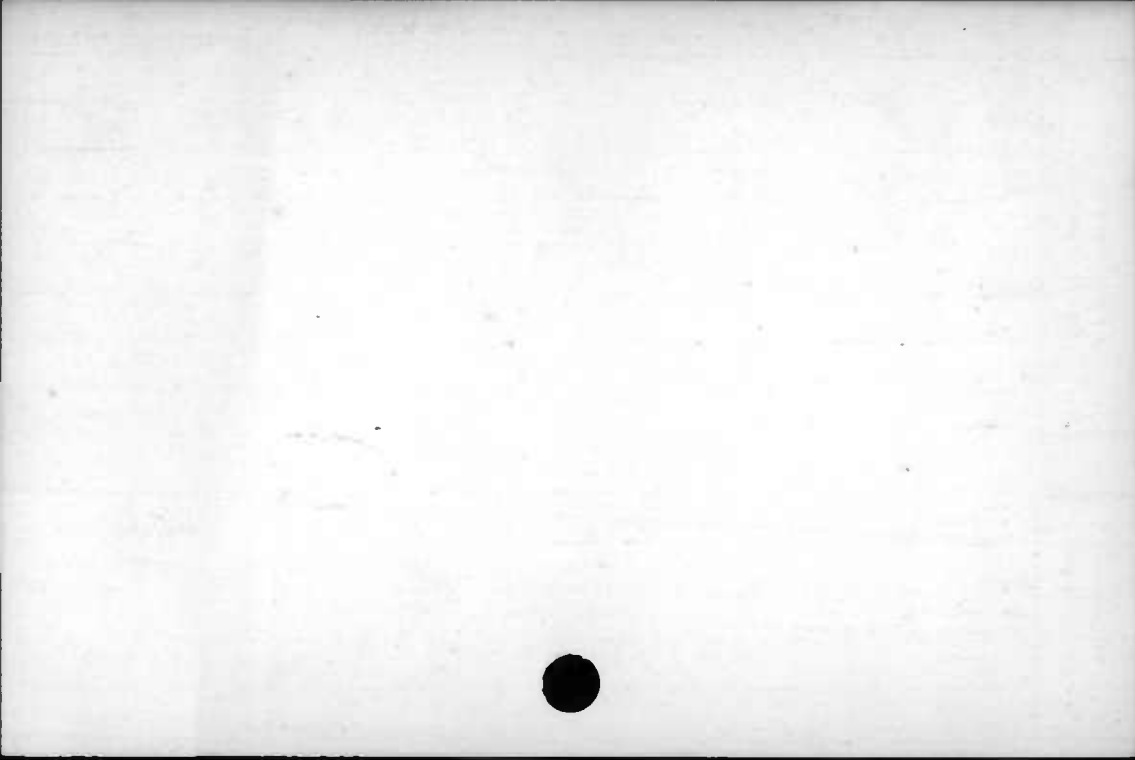
Immediate *Pentomitus* How long *9 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. A. Lamon M.D.*

Address *Middletown, Md.*

Accident or Suicide?



Name  
in  
Full

Raymond A Flannery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick

Date of death 1904 Nov 16 Age 17 Months 10 Days 26

Sex Male Color or Race White Birthplace Pittsburg Pa

Occupation Student Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James J Flannery Father's Birthplace West Va

Mother's Maiden Name Harriet Rogers Mother's Birthplace Pa

Name of person giving information A. Shuff How related to deceased none

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary Brights disease of the kidneys How long Nine days

Immediate Convulsions and Coma How long Nine hours

Are the name, age, sex, color, date and place correctly given above?

Yes

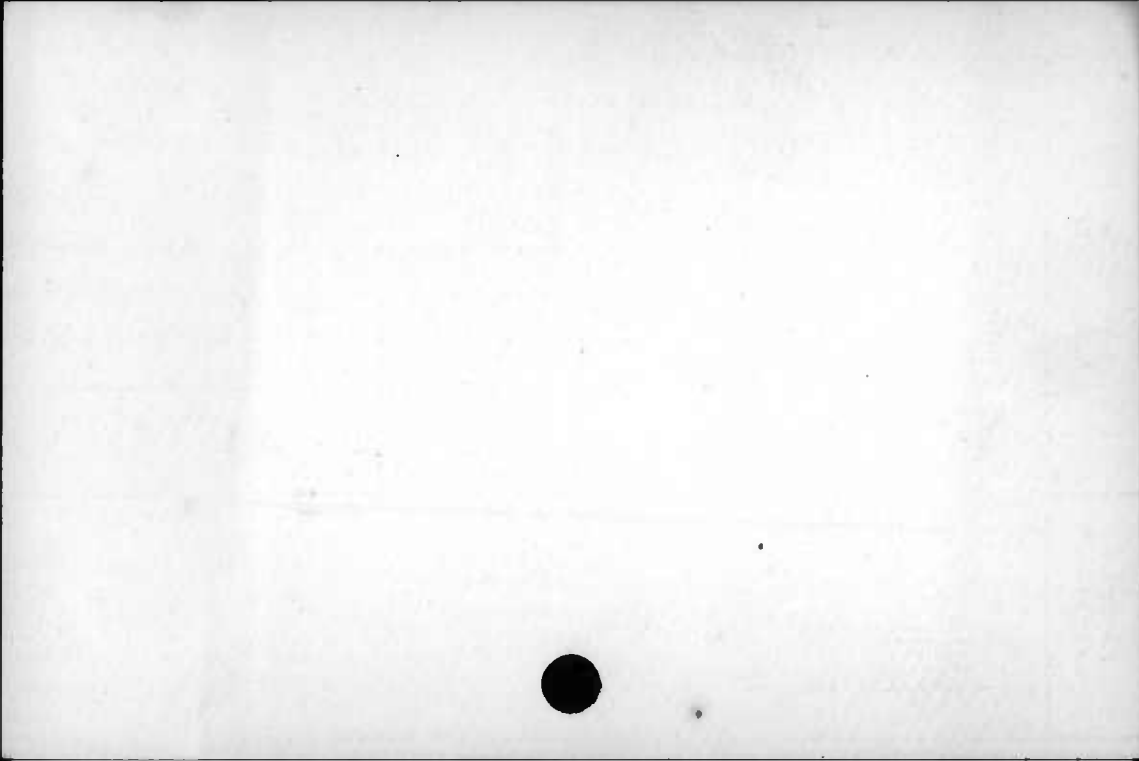
Signature of Physician

Address

John B. Browne, M.D.

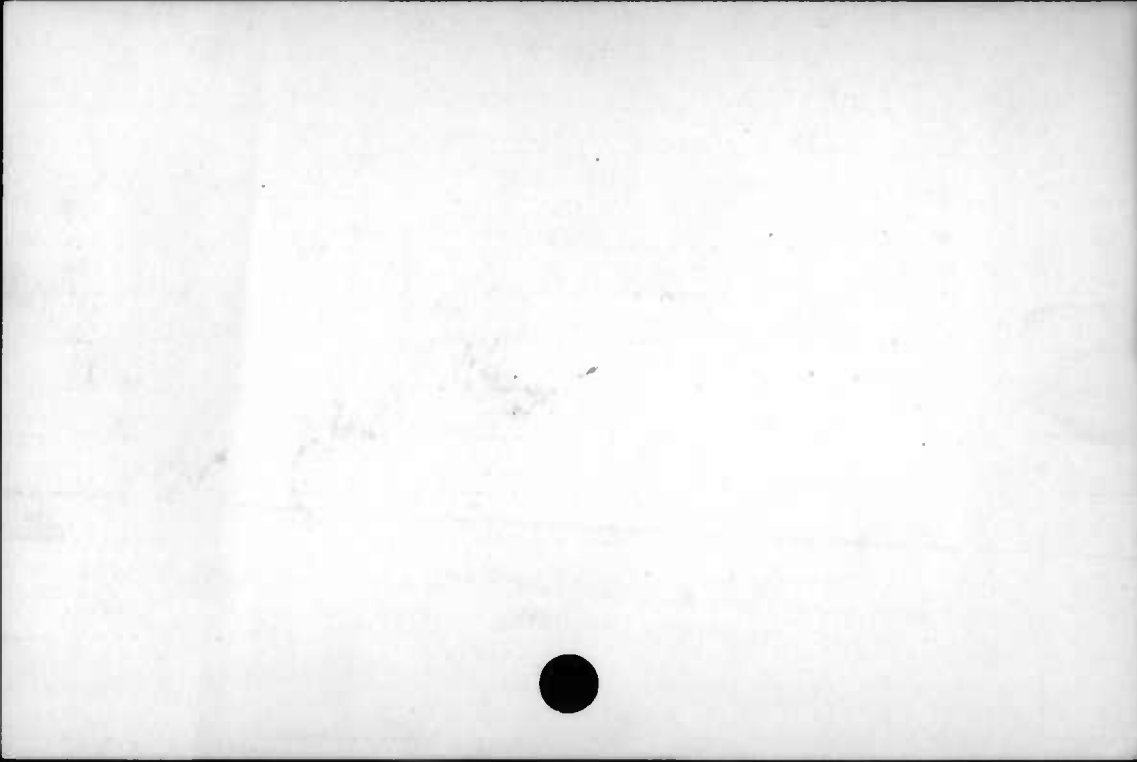
Emmitsburg, Md

Accident or Suicide?





Name in Full <i>Mrs Bernice Freshour</i>		Town <i>Frederick</i> County				CERTIFICATE OF DEATH	
Died at		Maryland					
Date of death <i>1907</i>		Month <i>11</i>		Day <i>10</i>		Age <i>47</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>County</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Co</i>					
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>R A Freshour</i>					
Father's Name <i>C. E. Freshour</i>		Father's Birthplace <i>Co</i>					
Mother's Maiden Name <i>Stamper</i>		Mother's Birthplace <i>Co</i>					
Name of person giving information <i>Undertaker</i>		How related to deceased					
CAUSES OF DEATH <span style="float: right;">(170)</span>							
Primary		How long <i>12 min.</i>					
Immediate <i>Convulsions</i>		How long					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr R. L. Fyrow</i>					
<i>Died at Monticome</i>		Address <i>Palmerville Ind</i>					
Accident or Suicide? <i>Hospital</i>							



Name

in  
Full

Virginia C. Furshower

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monticome Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>1</i>	Years <i>49</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Frederick Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Wheatonsville, Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Furshower</i>				
Father's Name <i>William Stuffer</i>	Father's Birthplace <i>Frederick Co. Md.</i>				
Mother's Maiden Name <i>Seeberger</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Robert Furshower</i>	How related to deceased <i>Husband.</i>				

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <i>Epileptic Convulsions</i>	How long <i>about 24 years.</i>
Immediate <i>Carotid exhaustion</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lyson,</i>
	Address <i>Frederick Co. Md.</i>
Accident or Suicide?	<i>no</i>

Interment. Nov 4 - 07

" at Woodsboro Md.

J. S. Perry & Son, Fr & Dis

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

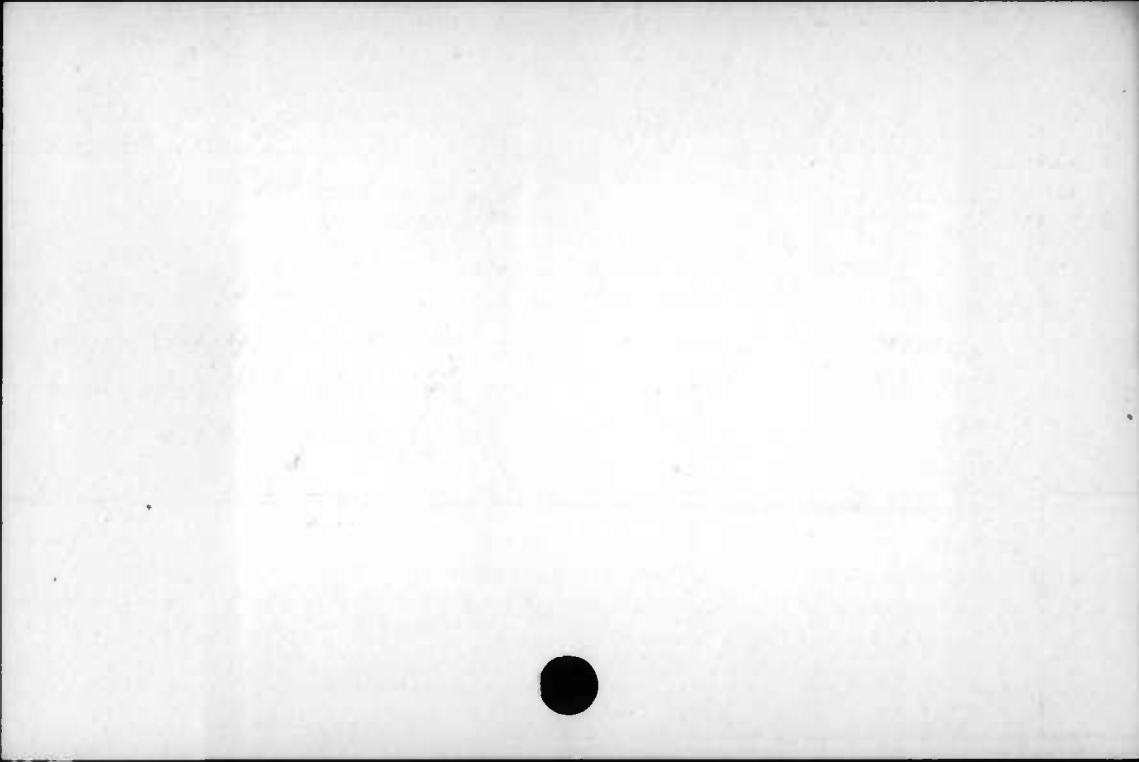
Name in Full <i>James Key</i>		Town <i>Frederick</i>		County <i>No. 21st.</i>		MAYLAND	
Died at <i>Monticure Hospital</i>		<i>Frederick</i>					
Date of death <i>1907</i>		Month <i>11</i>		Day <i>14</i>		Age <i>72.</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Frederick Co.</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital records.</i>		How related to deceased					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long
Immediate <i>Gastritis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Sarah Katharine Garver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

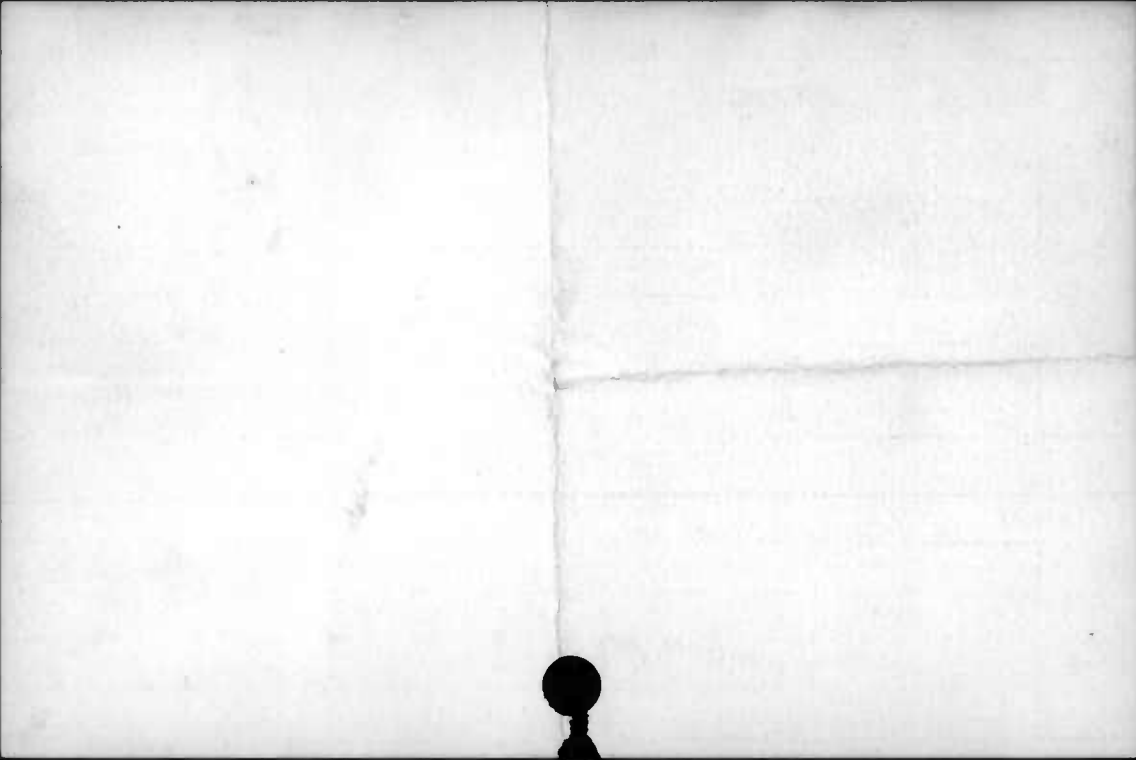
Died at <u>Libertytown</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	III	Day	7
Age	87	Years	87	Months	3
Sex	Female	Color or Race	white	Birth place	Washington Co
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Enoch Garver.		
Father's Name	Leuk			Father's Birthplace	
Mother's Maiden Name	Leuk			Mother's Birthplace	
Name of person giving information	Abdied Garver			How related to deceased	
			Son		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	—
Immediate	" "	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gray W. Beall,
		Address	Libertytown
			md.
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Deputy Sales Elizabeth Gates

Died at Walkersville

Town

Frederick Co

County

MARYLAND

Date Nov 13  
of death 1902Month  
11Day  
20Years  
Age 29

Months

Days

Sex Female

Color or  
Race WhiteBirth-  
place CoOccupation  
HousewifeWhere Residing if not  
at place of death CoMarried, Single  
or Widowed WidowedName of Wife or  
Husband Wm GatesFather's  
Name - CombsFather's  
Birthplace CoMother's  
Maiden Name LuskMother's  
Birthplace CoName of person giving  
In formation DrHow related  
to deceased

## CAUSES OF DEATH

179

Primary

General debility

How long

7 days

Immediate

General debility

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

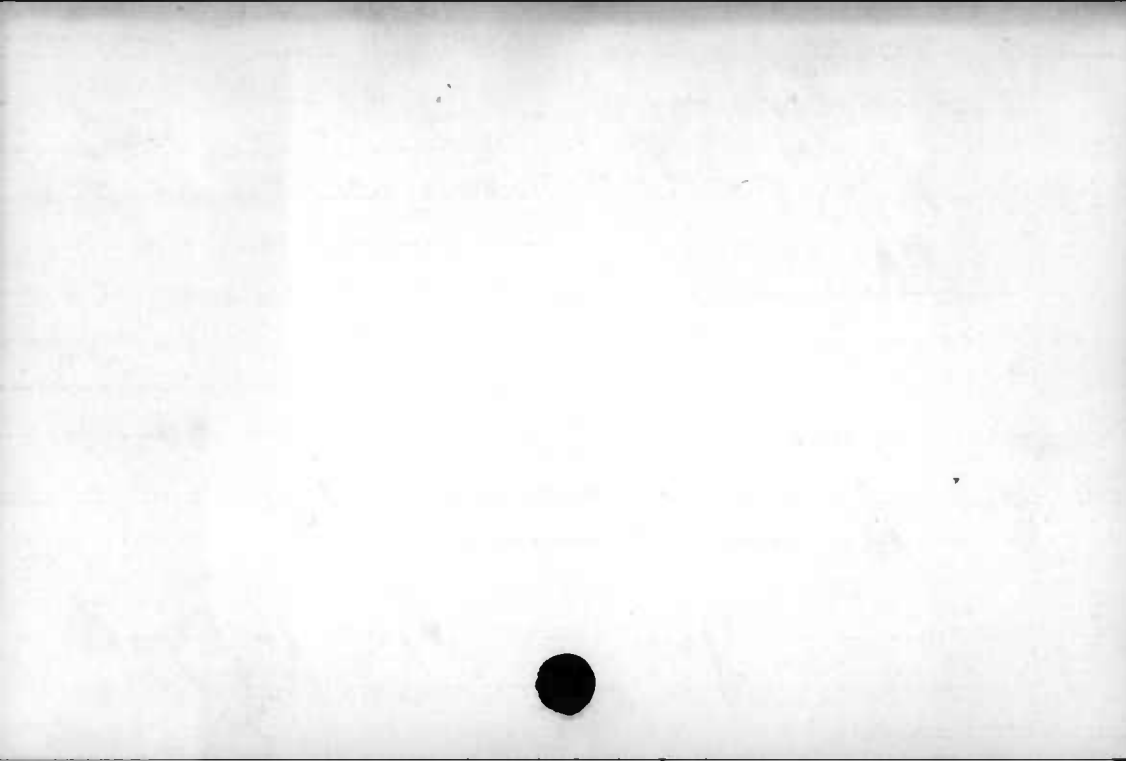
Chas W. S. D. Brown

Address

Walkersville

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

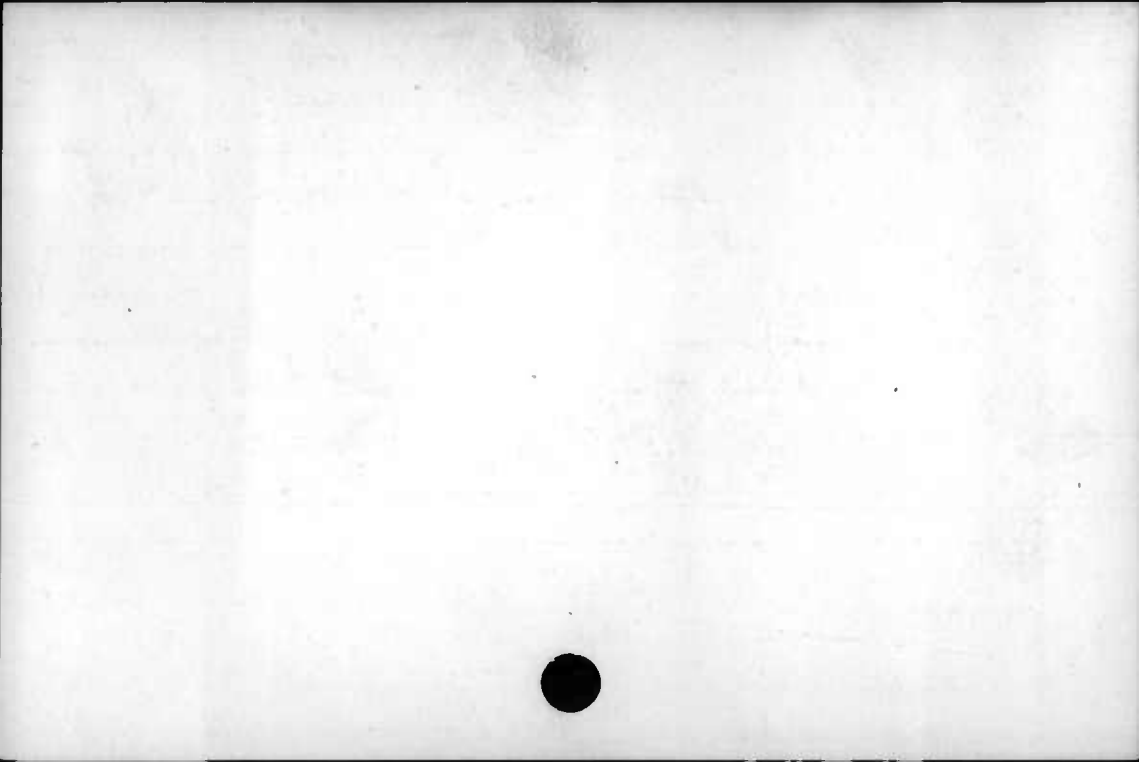
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frances Eugene Harper</i>		Town <i>Petersville</i>		County <i>Friedrich</i>		MARYLAND									
Died at <i>Petersville</i>		Date of death <i>1907</i>		Month <i>11</i>		Day <i>16</i>		Age <i>1</i>		Years <i>1</i>		Months <i>2</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Petersville</i>											
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>													
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>													
Father's Name <i>Thomas Harper</i>		Father's Birthplace <i>Petersville</i>													
Mother's Maiden Name <i>Caroline Burke</i>		Mother's Birthplace <i>Maryland</i>													
Name of person giving information <i>Thomas Harper</i>		How related to deceased <i>Father</i>													

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	<i>5 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel Claggett</i>	Address <i>Petersville</i>
Accident or Suicide?		



Name  
in  
Full

*Malinda Hawker*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

*Montgomery Hospital Frederick*

Date

of death 1907

Month

11

Day

9

Years

91

Age

Months

Days

Sex

*Female*

Color or  
Race

*white*

Birth-  
place

*Frederick Co Md*

Occupation

*Housewife*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Unknown*

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
In formation

*Hospital records*

How related  
to deceased

CAUSES OF DEATH

1074

Primary

*Senility*

How long

*years*

Immediate

*Cardiac exhaustion*

How long

*2 mo*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

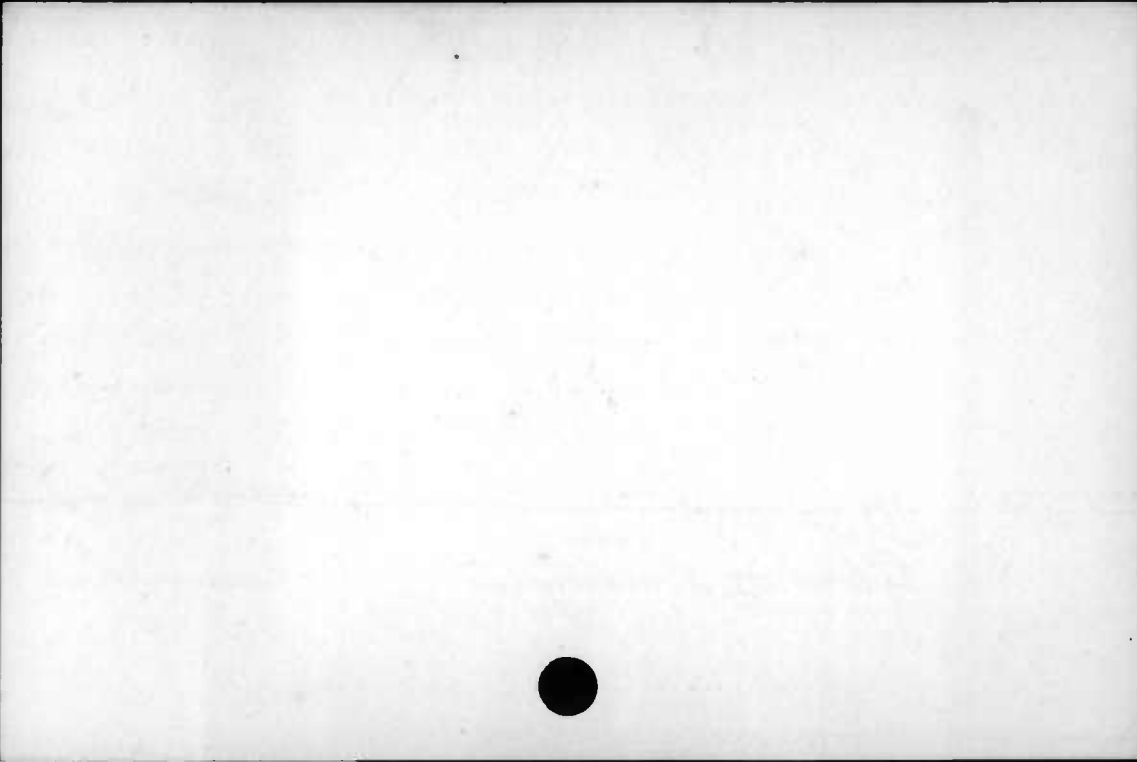
Address

*R. A. Lyson,  
Frederick,  
Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Wm Heffner</i>		Town <i>Fredericks</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Died at <i>Fredericks</i>		Month <i>11</i>		Day <i>22</i>		Age <i>2</i>	
Date of death <i>1907</i>		Years <i>6</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Occupation <i>_____</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Vernon E. Heffner</i>		Father's Birthplace <i>Frederick Md</i>					
Mother's Maiden Name <i>Della May Frost</i>		Mother's Birthplace <i>Frederick</i>					
Name of person giving information <i>Vernon E. Heffner</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long <i>9</i>	<i>I attended case for 2 days.</i>
Immediate	<i>Cardiac Paralysis</i>	How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank Hedger</i>	
		Address <i>Frederick</i>	
Accident or Suicide? <i>_____</i>			

Interment Nov 23- 07  
" at Mt Olivet Cem,  
Thomas P. Rice F.D.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. Robert Hendrickson

Died at <sup>Town</sup> Frederick city <sup>County</sup> Frederick

MARYLAND

Date of death 1907 <sup>Month</sup> Nov. <sup>Day</sup> 15-TH <sup>Years</sup> 48 <sup>Months</sup> 2 <sup>Days</sup> 23Sex Male Color or Race White Birth-place UrbanOccupation Merchant Where Residing if not at place of death UrbanMarried, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_Father's Name Ephraim Hendrickson Father's Birthplace UrbanMother's Maiden Name Cecelia Anderson Mother's Birthplace UrbanName of person giving information Sister, Ida Hendrickson How related to deceased Sister

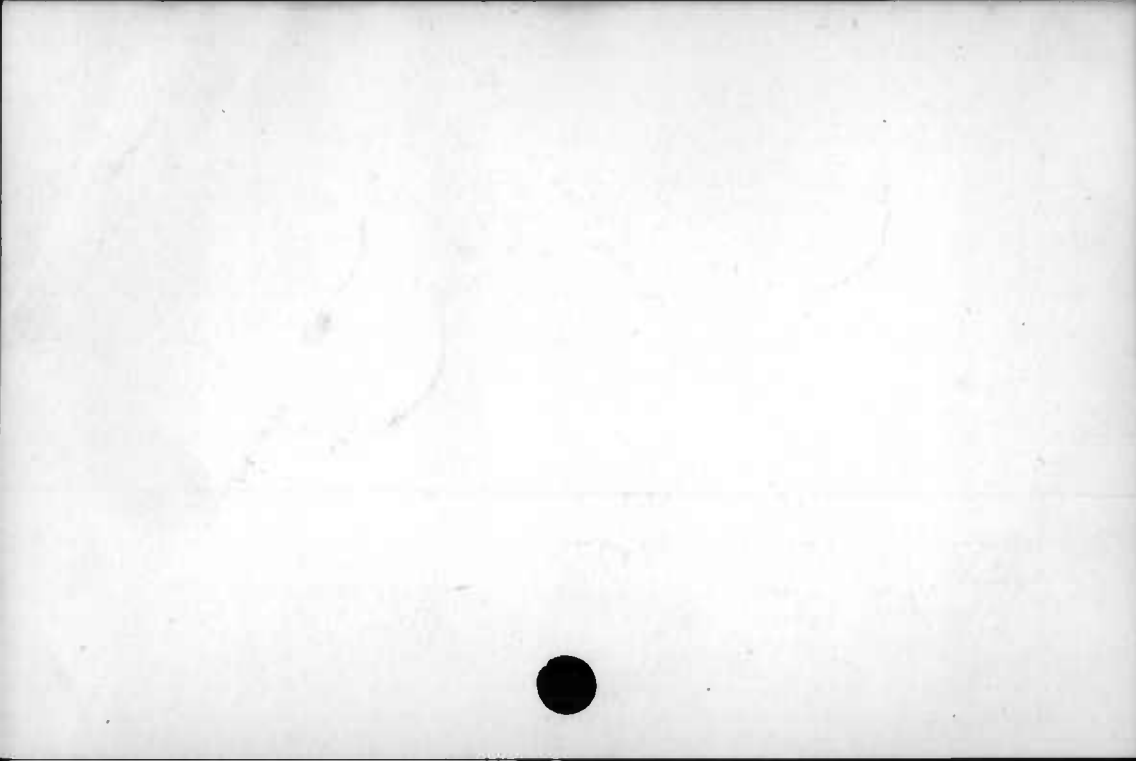
## CAUSES OF DEATH

104

How long

Primary Perforation of Stomach 24 daysImmediate Hemorrhage from Stomach three days.Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician BenjaminAddress Urban

Accident or Suicide?



Name  
in  
Full

Mary E Hummerick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

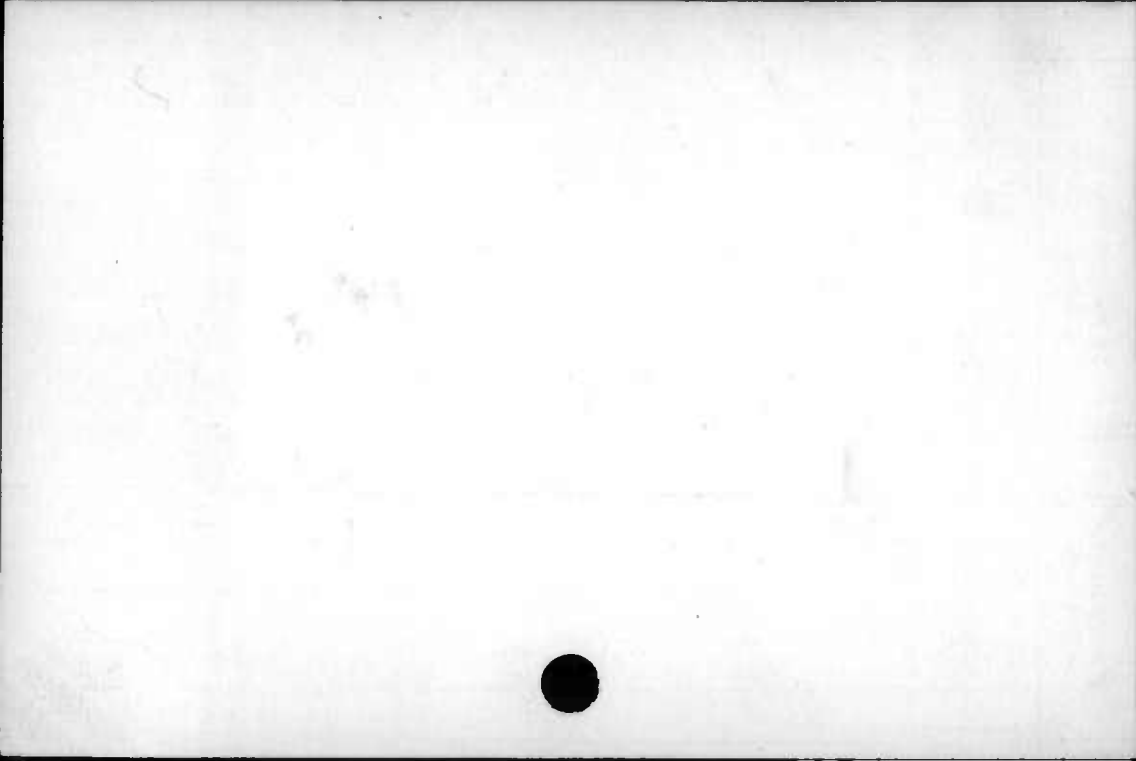
Died at		Town <i>Lovington</i>		County <i>Frisch</i>		MARYLAND	
Date of death		1907	Month <i>11</i>	Day <i>13</i>	Age <i>78</i>	Years <i>5</i>	Months <i>27</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Isachariah Hummerick</i>					
Father's Name <i>Henry Milhich</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary E Miller</i>		Mother's Birthplace					
Name of person giving information <i>C O Hummerick</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>Three years</i>
Immediate	<i>Hemorrhage of lungs</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Neighbour</i>	
		Address <i>Lovington</i>	
Accident or Suicide?		<i>Md.</i>	



Name in Full		CERTIFICATE OF DEATH			
Joseph D. Himes		Town Knoxville		County Frederick	
Died at		MARYLAND			
Date of death	1907	Month Aug	Day 30	Age 31	Years Months Days
Sex male	Color or Race white	Birth-place md			
Occupation clock	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Bertha Wells				
Father's Name Robt. Himes	Father's Birthplace md				
Mother's Maiden Name Almarinda Edrington	Mother's Birthplace Va				
Name of person giving information Bertha Himes	How related to deceased wife				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-weight: bold; font-size: 1.5em;">104</div>					
Primary	Heart Paralysis (9)			How long one or two minutes	
Immediate	acute Indigestion (9)			How long	
Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician Levin Frank		
			Address Bramswick		
			Frederick Co		
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

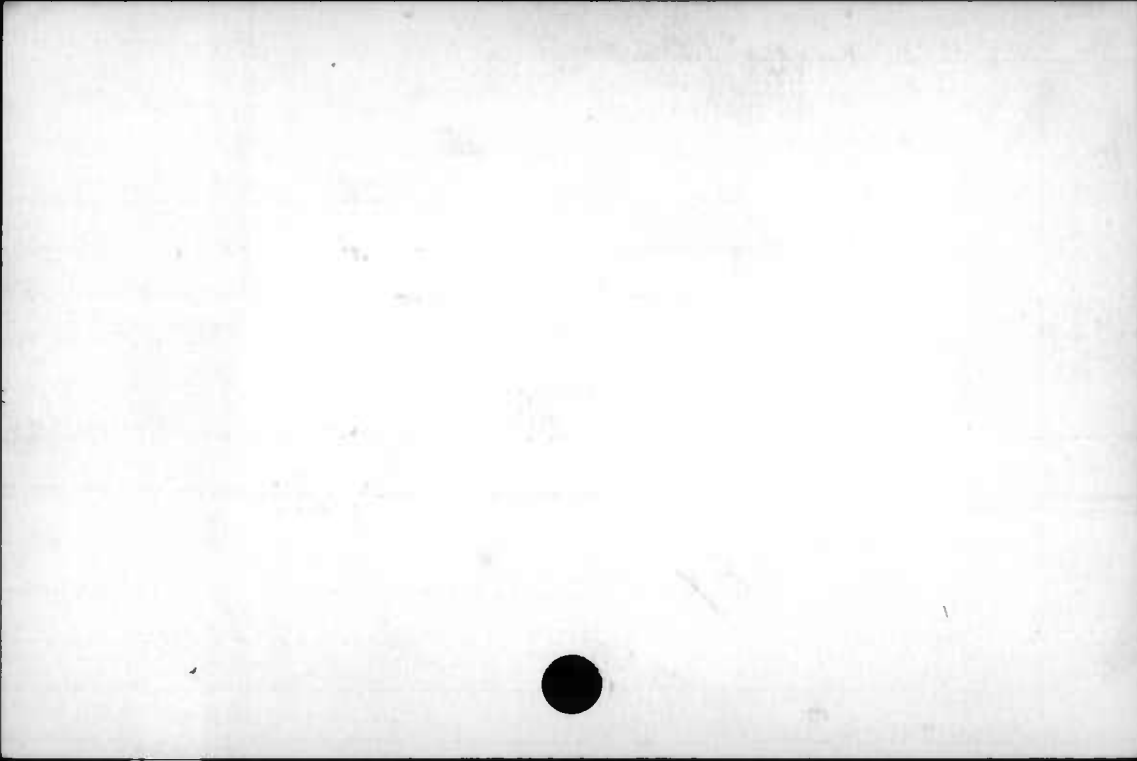
Name in Full <i>Harold G. Hoff</i>		Town <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>73</i>		Years <i>2</i>	
Occupation <i>Gunsmith</i>		Where Residing if not at place of death <i>York, Pa</i>		Birth place <i>York, Pa</i>		Months <i>2</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Mr James Heiman</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Thrombosis</i>		How long <i>about 10 hrs</i>	
Immediate <i>Exhaustion</i>		How long <i>1</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. S. Stone</i>	
		Address <i>Emmitsburg Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Carrie Virginia Elizabeth Hollenbaugh*

Town *Chesmanville* County *Drednick* MARYLAND

Died at *Chesmanville*

Date of death *1907* Month *June* Day *15* Age *3* Years Months *6* Days *6*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Chesmanville*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Harry B. F. Hollenbaugh* Father's Birthplace *Maryland*

Mother's Maiden Name *Lilla B. Senpney* Mother's Birthplace *Maryland*

Name of person giving information *Nathan Hollenbaugh* How related to deceased *Brother-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Burns* (167) How long *18 hours*

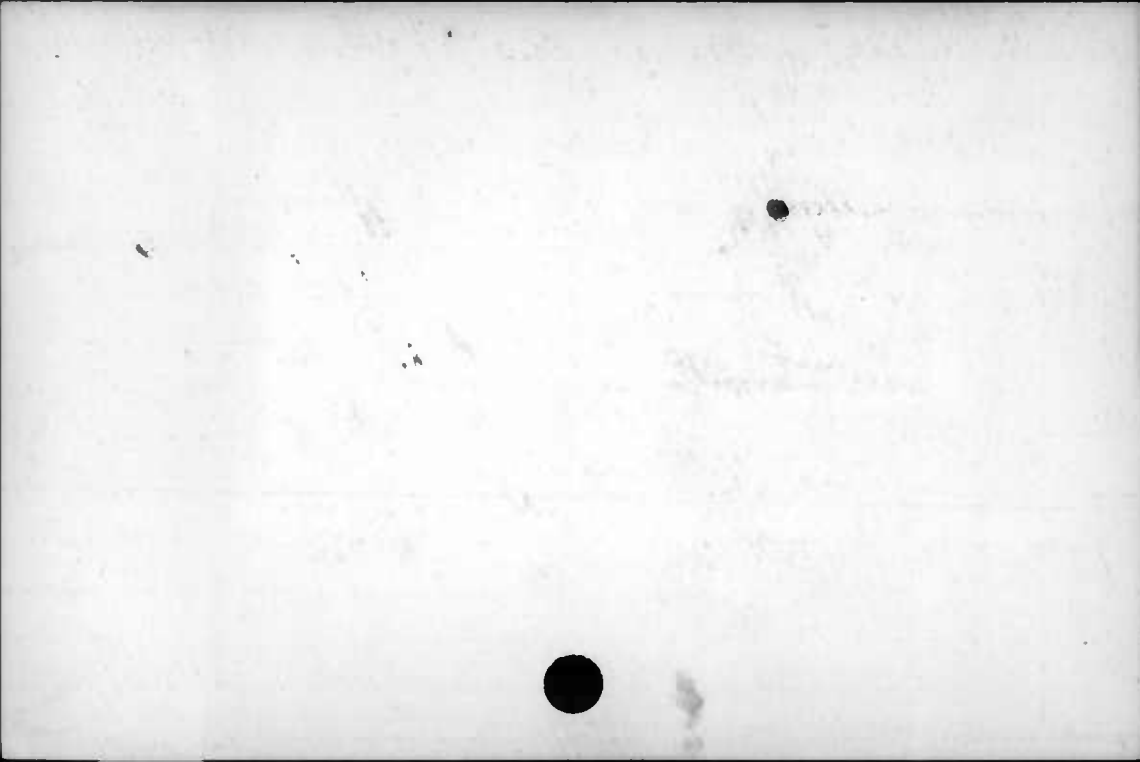
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician *W. D. E. Hoff*

Address *Union Bridge Md.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Runc Hughes No. 20,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

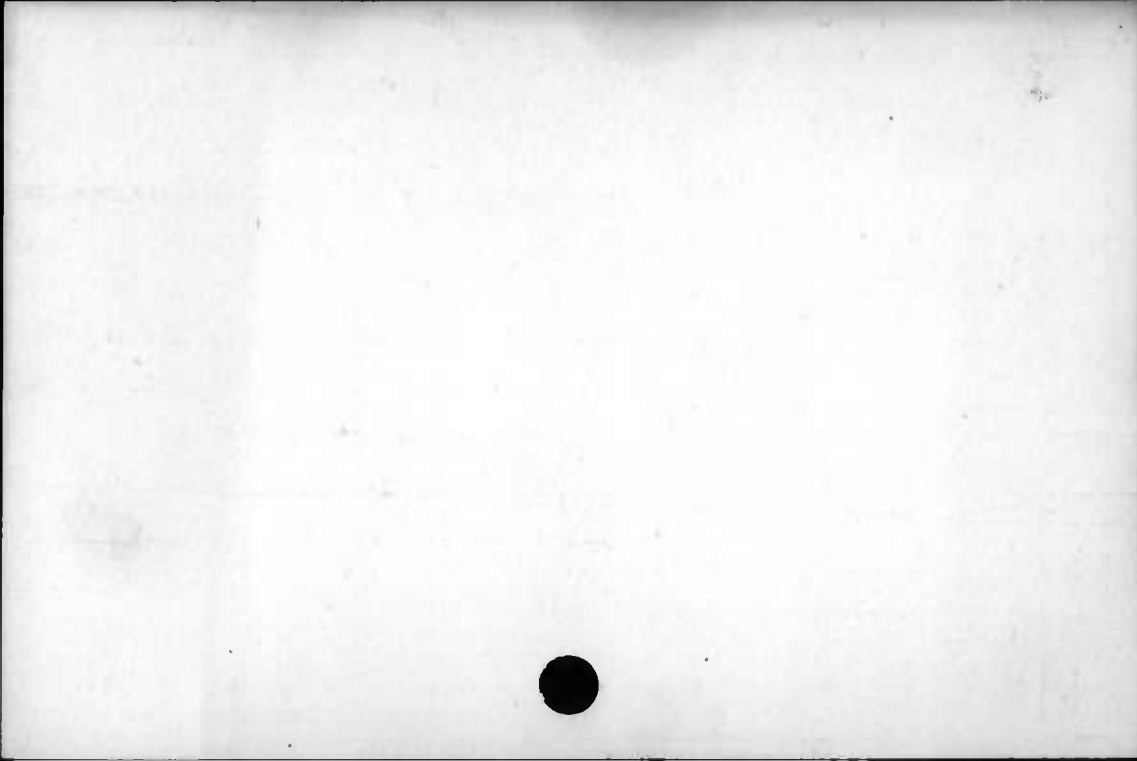
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		11	9	74 1/2			
Sex	Female		Color or Race	White		Birth-place	Fredk Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Edward Hughes			
Father's Name	Thomas Plummer				Father's Birthplace	Fredk Co	
Mother's Maiden Name	Bon Dick				Mother's Birthplace	Pa	
Name of person giving information	Dr Sweeney				How related to deceased	None	

## CAUSES OF DEATH

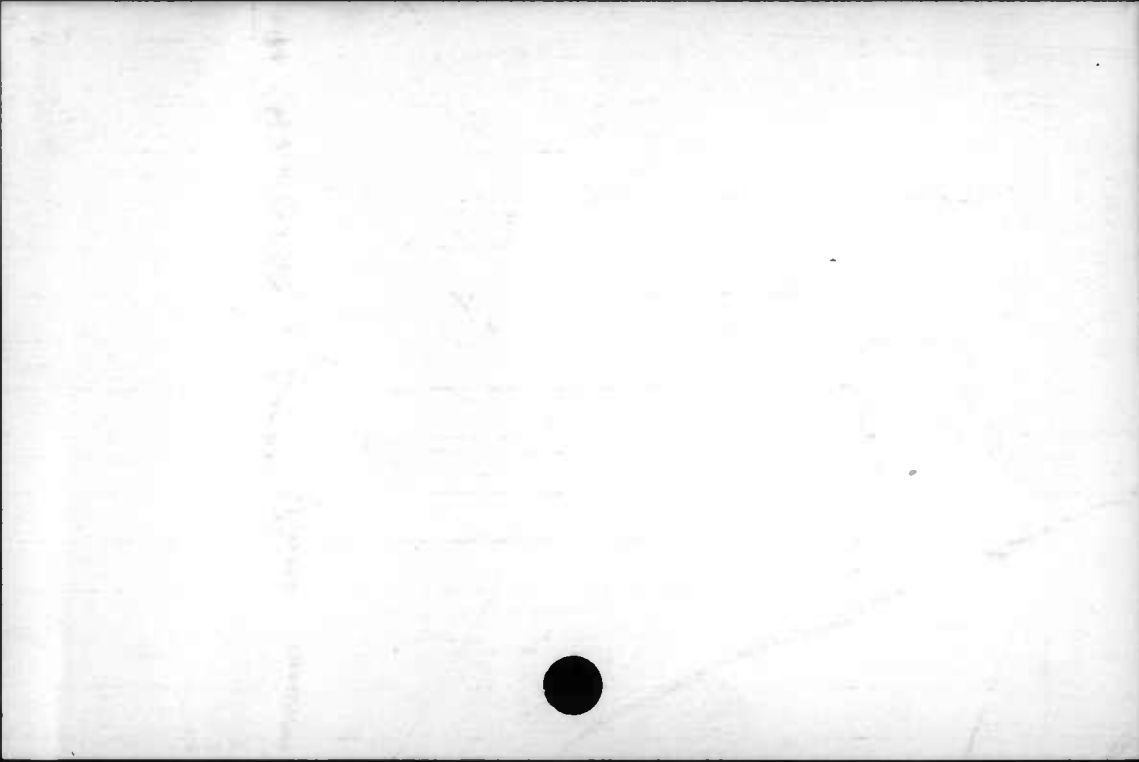
64

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	



Name in Full		Mrs Annie Ingram				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Point of Rocks		Frederick		MARYLAND		
	Date of death	1907	Month	Nov	Day	17	Age	55
	Sex	Female		Color or Race	White		Birthplace	Frederick Md
	Occupation	Domestic Life		Where Residing if not at place of death		Point of Rocks Md		
	Married, Single or Widowed	Married		Name of Wife or Husband		Thomas Ingram		
	Father's Name	John French		Father's Birthplace		Fredericktown		
	Mother's Maiden Name	Dora Knowlton		Mother's Birthplace		Washington Co Md		
	Name of person giving information	Thos Ingram		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Valvular Disease of Heart				How long	Five years	
	Immediate	Congestive Lung				How long	Three days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Richard Watkins Toapnell	
					Address		Point of Rocks Md	
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Isaac James</i>		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND			
Died at <i>Fredricks</i>		Date of death 1907		Month <i>11</i>	Day <i>19</i>	Age <i>35</i>	Years <i>35</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredricks</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Alice Proctor</i>							
Father's Name <i>Isaiah James</i>		Father's Birthplace <i>Fredricks</i>							
Mother's Maiden Name <i>Harriet Porter</i>		Mother's Birthplace <i>Fredricks</i>							
Name of person giving information <i>Harriet Harriett</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Bourne</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	

Internment at Greenmount

" Nov 21 - 07

Thomas P. Rice F.D.



Name  
in  
Full

Helene May Keeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> WoodstockCounty <sup>Frederick</sup>

MARYLAND

Date  
of death 1907Month  
Nov.Day  
1stAge  
2Months  
4Days  
24

Sex Female

Color or  
Race WhiteBirth-  
place Woodstock

Occupation

Where Residing, if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name Carl Lee KeeneyFather's  
Birthplace WoodstockMother's  
Maiden Name Mollie Margaret BeardMother's  
Birthplace WoodstockName of person giving  
In formation Mollie M. KeeneyHow related  
to deceased Mother

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary Spinal Trouble

How long Always

Immediate Infantile Convulsions

How long 48 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

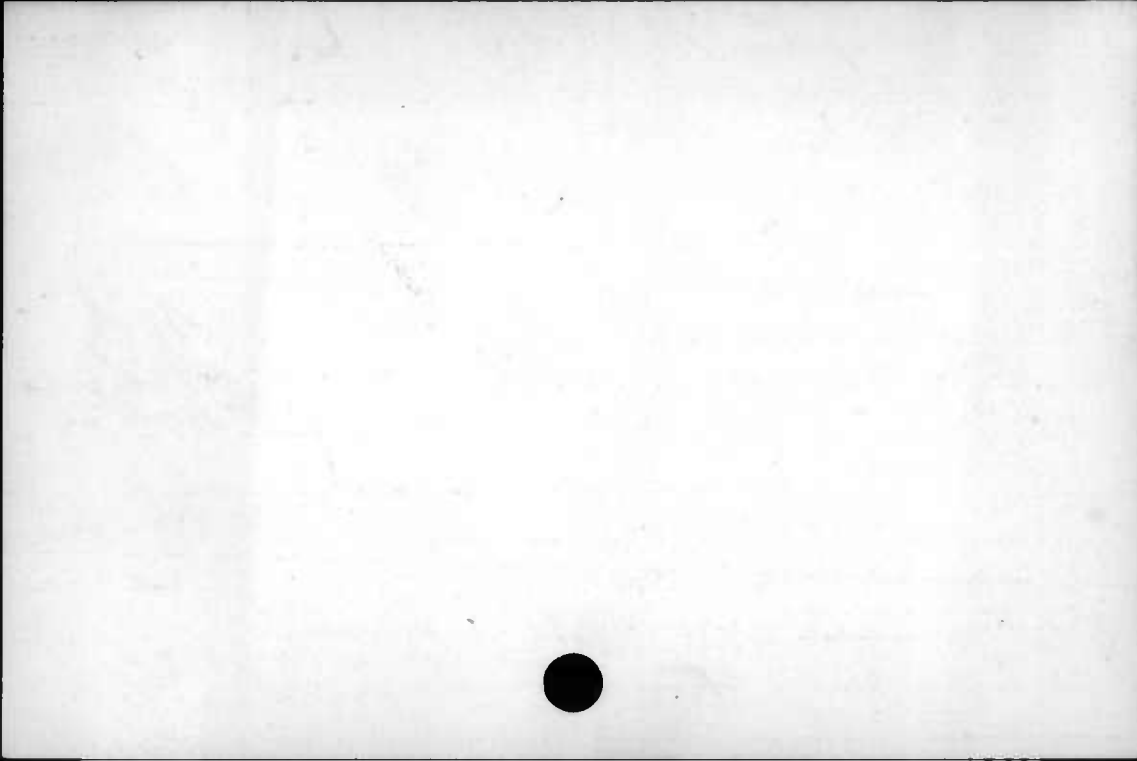
Jas C. Lappington

Address

Libertytown

Md.

Accident or Suicide?



Name  
in  
Full

Pansy E. Kolch.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

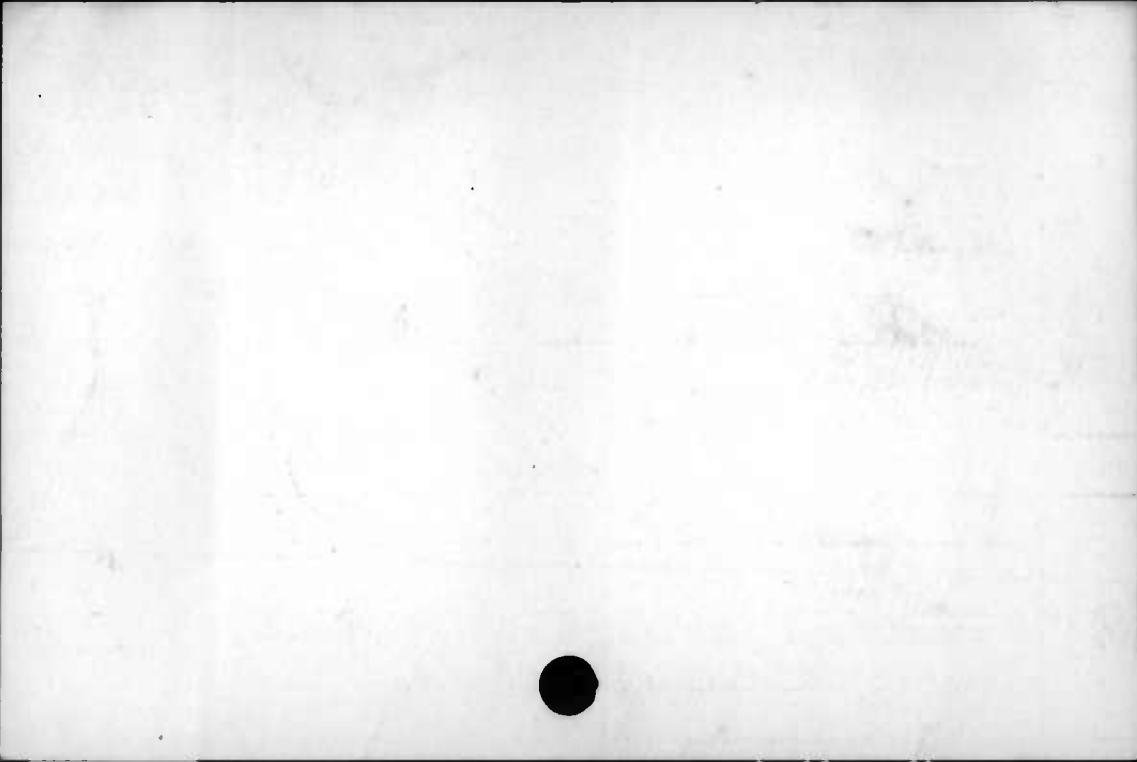
Died at <i>Pearl</i> <small>Town</small>		<i>Fredenrich</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>4th</i> <small>Day</small>	<i>44</i> <small>Age</small>	<i>18</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Marion H. Kolch.</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>M. H. Kolch.</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>24 hours</i>
Immediate <i>Constriction of Lungs</i>	How long <i>Chronic</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Fredenrich</i>
Accident or Suicide? <i>—</i>	



Name

in  
Full

Alice Leakans

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Monticume Hospital

Fredericks

Date

of death 1907

Month

Nov

Day

15

Age

Years

40

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Fredericks

Occupation

Sewer

Where Residing if not  
at place of death

Fredericks, Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Hospital records

How related  
to deceased

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis Unknown

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes -

Signature of  
Physician

R. L. Lyson,

Address

Fredericks,

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

Cornelius J. Little

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Petersville</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	<i>11</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	<i>50</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>
			<i>7</i> <sup>Days</sup>		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>McHenrytown</i>
Occupation	<i>Cigar Maker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mana Little</i>		
Father's Name	<i>Amrose Little</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Mana Little</i>		How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Six months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Sam'l Claggitt</i>
		Address	<i>Petersville</i>
Accident or Suicide?			





Name  
in  
Full

Mary A. C. Little

## CERTIFICATE OF DEATH

Died at <i>Frederick</i> Town			<i>Frederick</i> County			MARYLAND		
Date of death	1907	Month	11	Day	5	Age	Years	83
						Months	5	Days
						19		
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>	
Occupation	<i>Retired</i>			Where Residing if not at place of death		<i>X</i>		
Married Single or Widowed			Name of Wife or Husband					
<i>Single</i>			<i>X</i>					
Father's Name	<i>Jacob Little</i>					Father's Birthplace	<i>Frederick</i>	
Mother's Maiden Name	<i>Ann D Walling</i>					Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mrs Louise Miller</i>					How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

66

Primary	<i>Senile Debility - Paralysis</i>	How long	<i>1 Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>

Are the name, age, sex, color, date and place correctly given above?

*Yr*

Signature of Physician

Address

*Chas. F. Goodell. M.D.*  
*Frederick. Md.*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Fannie C. Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

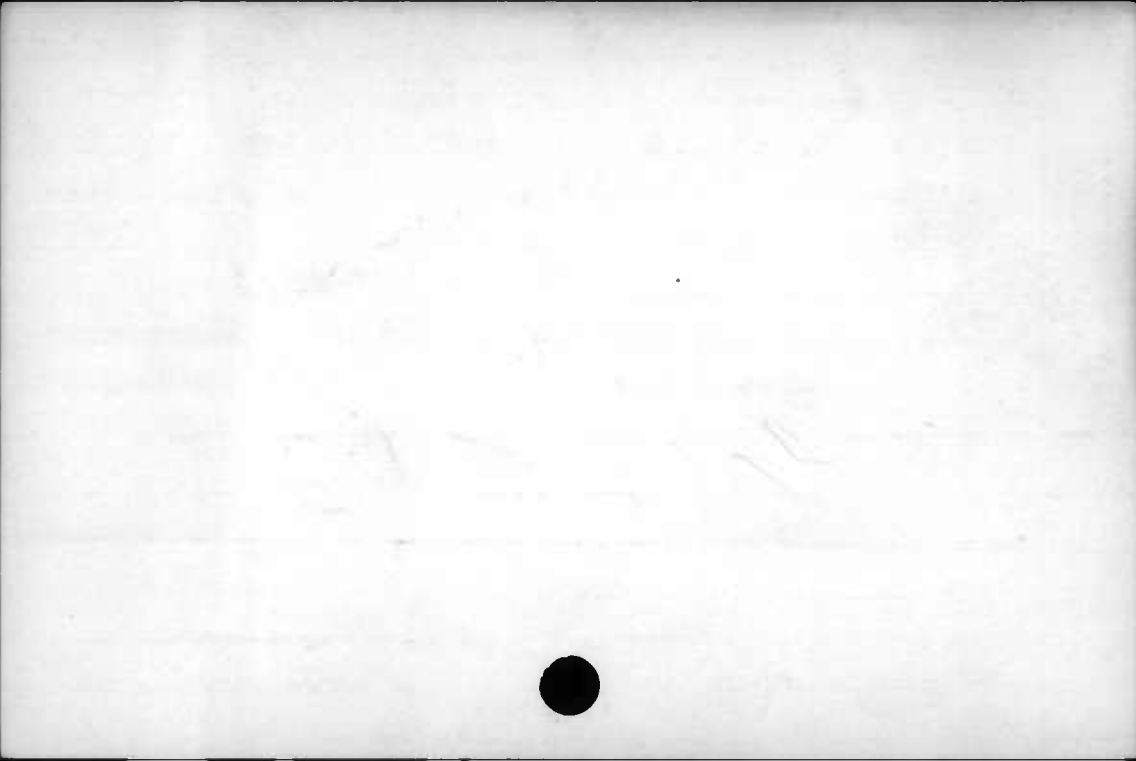
Died at <sup>Town</sup> <i>Middletown</i>		<sup>County</sup> <i>Fredk.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>40</i>	Months <i>4</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Geo. E. Long</i>				
Father's Name <i>John H. Houft</i>	Father's Birthplace <i>Md.</i>		<input checked="" type="checkbox"/>		
Mother's Maiden Name <i>Elizabeth M. Brier</i>	Mother's Birthplace <i>Md.</i>		<input checked="" type="checkbox"/>		
Name of person giving information	How related to deceased				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>About 18 mo.</i>
Immediate <i>Heart failure &amp; hemoptysis</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Hauser</i>
	Address <i>Middletown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ernest Lyle, Infant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Centerville* <sup>County</sup> *Frederick*

Date of death *1907* <sup>Month</sup> *Nov.* <sup>Day</sup> *20th* <sup>Years</sup> *9.* <sup>Months</sup> *3.* <sup>Days</sup>

Sex *Male* Color or Race *colored* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Ernest Lyle* Father's Birthplace *Md.*

Mother's Maiden Name *Bessie Thompson* Mother's Birthplace *Md.*

Name of person giving information *Ernest Lyle* How related to deceased *Father*

## CAUSES OF DEATH

⑧

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long *10 days*

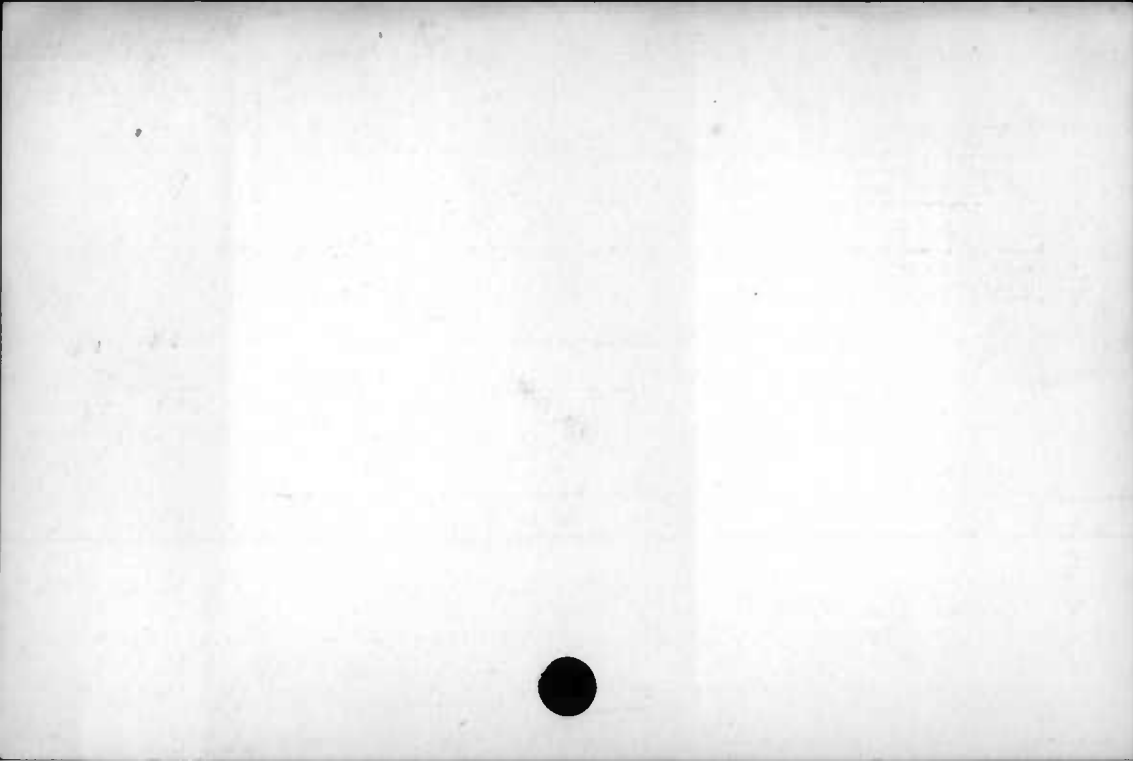
Immediate *Pneumonia* How long *three days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *Physician, Thomas Gunwell.*

Address *Araby, Md.*

Accident or Suicide? *—*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

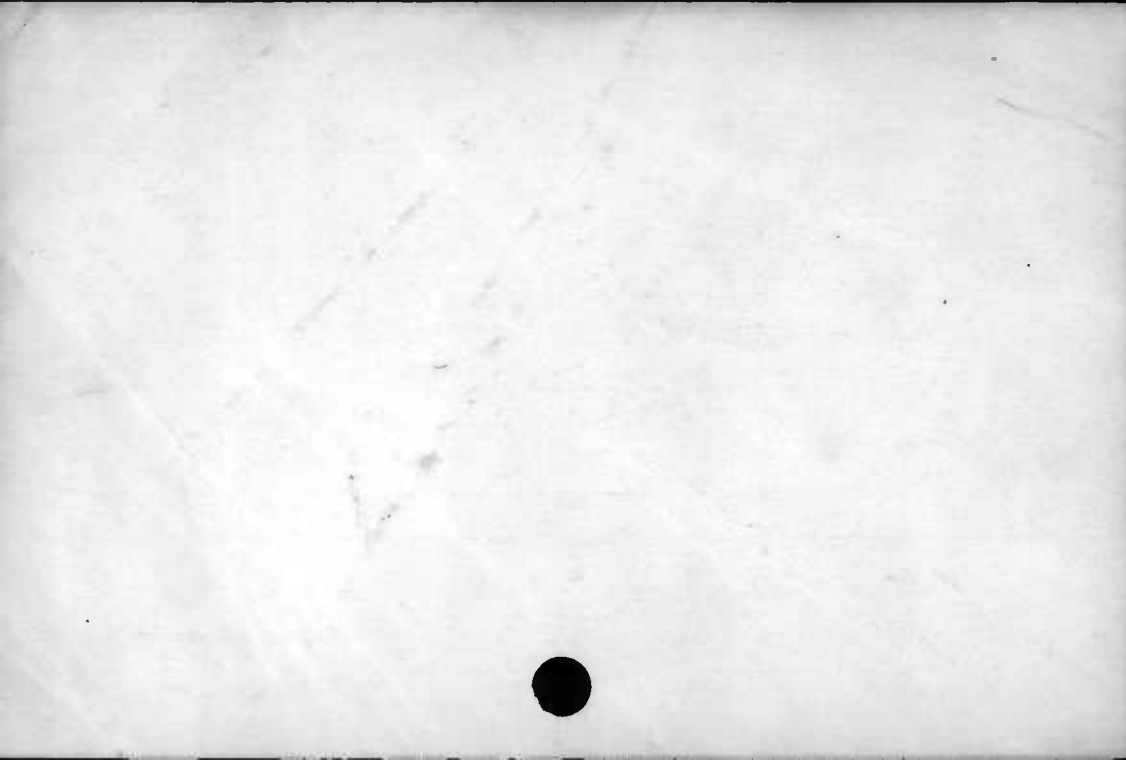
Died at *near Middletown* <sup>Town</sup> *Fredrick* <sup>County</sup>Date of death *1907* <sup>Month</sup> *Nov* <sup>Day</sup> *19* <sup>Years</sup> *79* <sup>Months</sup> *4* <sup>Days</sup> *21*Sex *Female* Color or Race *White* Birth-placeOccupation *house* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *H C McBride*Father's Name *Henry Bigler* Father's Birthplace *Ind Md*Mother's Maiden Name *Elizabeth Kipper* Mother's Birthplace *Ind Md*Name of person giving information *Estel McBride* How related to deceased

## CAUSES OF DEATH

40

Primary *Cancer of Stomach* How long *unknown*Immediate *Marasmus + exhaustion* How long *1 month*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Ed Buckley*Address *Middletown*

Accident or Suicide?





Name  
in  
Full

Margaret B. McKristy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredrick</i>		Town <i>"</i>		County <i>"</i>		MARYLAND	
Date of death	1907	Month	Nov.	Day	28	Age	81
Sex	Female	Color or Race	White	Birthplace	Md	Months	5
Occupation	Retired H.K.	Where Residing if not at place of death	X				
Married, Single or Widowed	Single	Name of White Husband	Joseph M. McKristy				
Father's Name	Benjamin Buckingham	Father's Birthplace	Md				
Mother's Maiden Name	Elizabeth Mitchell	Mother's Birthplace	Md				
Name of person giving information	Mrs. Urner	How related to deceased	Daughter				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Chronic Tuberculosis	How long	10 Years
Immediate	Exhaustion - Heart failure	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. J. Grodies, M.D.
		Address	Fredricks. Md
Accident or Suicide?	No		

W. H. S. Election

Union Bridge

Name  
in  
Full

Miss Catharine Marshall

## CERTIFICATE OF DEATH

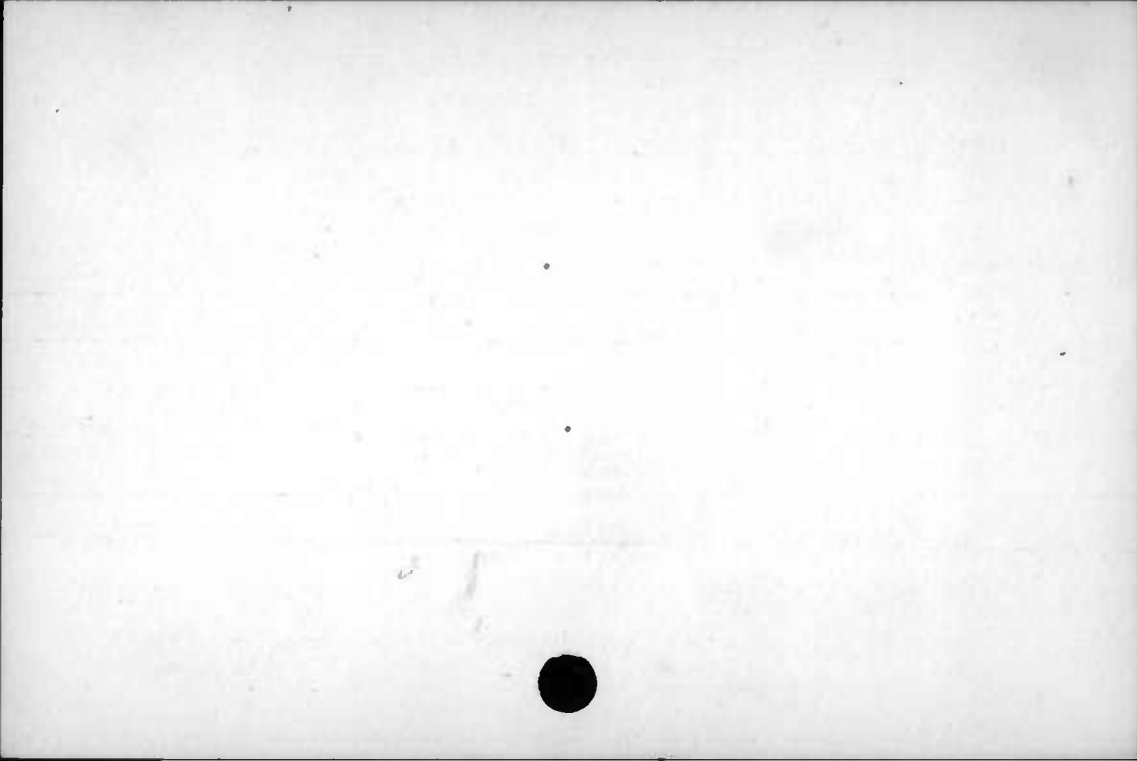
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Providence</u> Town		County <u>Fredricks</u>		MARYLAND	
Date of death	1907	Month	Nov	Day	10
Age	82	Years		Months	4
				Days	23
Sex	Female	Color or Race	White	Birth-place	Fredricks Md
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	Samuel Marshall			Father's Birthplace	
Mother's Maiden Name	Amanda Schley			Mother's Birthplace	Fredricks Md
Name of person giving information	Miss Amanda Marshall			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy	How long	2 yrs
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Maynard
		Address	17 Second St W Providence Md.
Accident or Suicide?	No		



Name  
in  
Full

Rose Ann Rebecca Mealey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	11	Day	2	Age	61
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months	7 <sup>1</sup> / <sub>2</sub>
Occupation <i>Retired</i>		Where Residing if not at place of death		X			
Married Single or Widowed		Name of Wife or Husband		X			
Father's Name <i>Isiah Mealey</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Eliakim Wicks</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Chas E. Mealey</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

193

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Goodlee, MD</i>
	Address <i>Frederick, md</i>
Accident or Suicide? <i>No</i>	

Mr Oliver Larnum

11/4 07

W. L. Larnum

Name  
in  
Full

Alice E. Miller

## CERTIFICATE OF DEATH

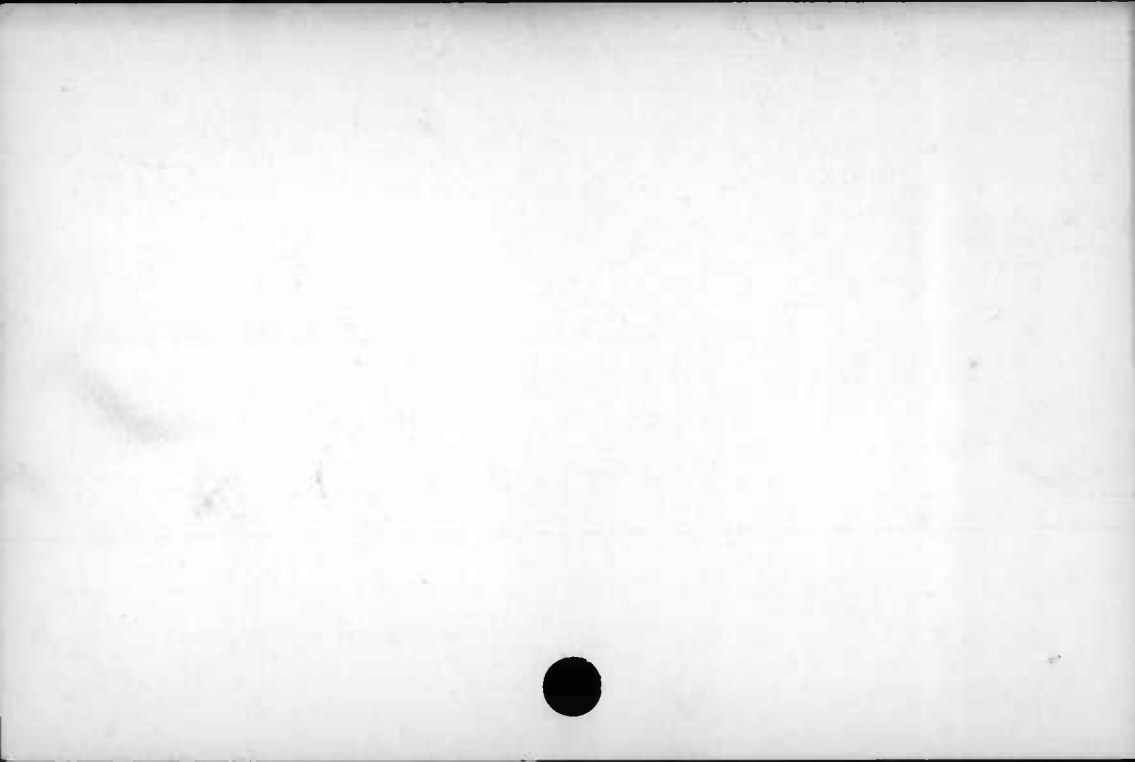
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shalkersville</i>		Town <i>Shalkersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>11</i>	Years <i>about 38</i>	Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Shalkersville</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harvey Miller</i>						
Father's Name <i>Frank T. Strine</i>	Father's Birthplace <i>Frederick Co.</i>						
Mother's Maiden Name <i>Laura Mantzer</i>	Mother's Birthplace <i>Frederick Co.</i>						
Name of person giving information <i>Carrie L Strine</i>	How related to deceased <i>Sister</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>20 days</i>
Immediate <i>Mitral incompetency</i>	How long <i>moderate 18 months</i> <i>dangerous last 7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Remsburg M.D.</i>
	Address <i>Shalkersville</i>
	<i>Maryland</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Howard Wesley Miller

## CERTIFICATE OF DEATH

Died at

Catoctin

Frederick.

MARYLAND

Date

of death 1907

Month

Nov

Day

1st

Age

Years

6

Months

10 -

Days

0

Sex

Male

Color or  
Race

White

Birth-  
place

Catoctin Fred. Co.

Occupation

Where Residing if not  
at place of death

e

Married, Single  
or Widowed

✓

Name of Wife or  
HusbandFather's  
Name

John Miller

Father's  
Birthplace

Frederick Co. Md.

Mother's  
Maiden Name

Ellen Stibitz

Mother's  
Birthplace

Frederick Co. Md.

Name of person giving  
information

J. H. Davis

How related  
to deceased

None

## CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

2 weeks.

Immediate

✓

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. C. Hoffman

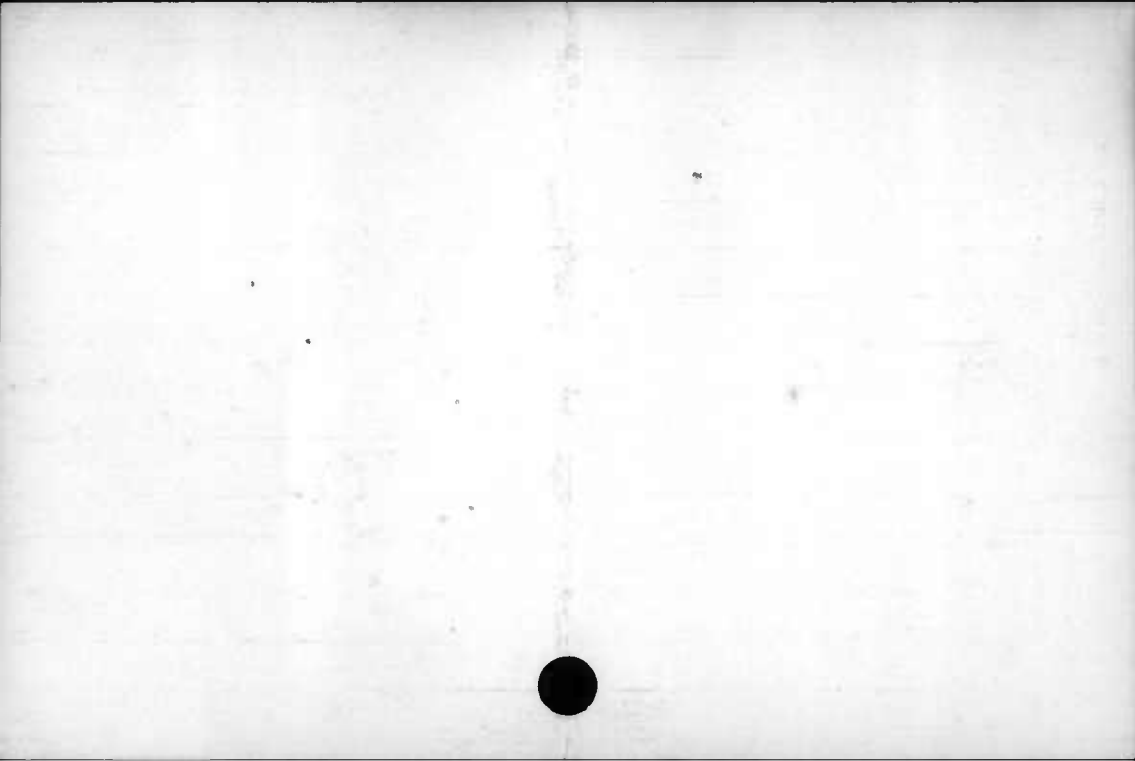
Address

Thurmont, Md.

Accident or Suicide?

✓

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

John Moses.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Arnoldstown*<sup>County</sup> *Fredrick*

MARYLAND

Date of death 190 <sup>Month</sup> *7* <sup>Day</sup> *11*Age <sup>Years</sup> *80*<sup>Months</sup> *8*<sup>Days</sup> *10*Sex *Male*Color or Race *White*Birth-place *Maryesville*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

*Lucinda A. Moses*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

*Alpheus Moses*

How related to deceased

*Son.*

## CAUSES OF DEATH

*(66)*

Primary

*Paralysis*

How long

*2 weeks*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

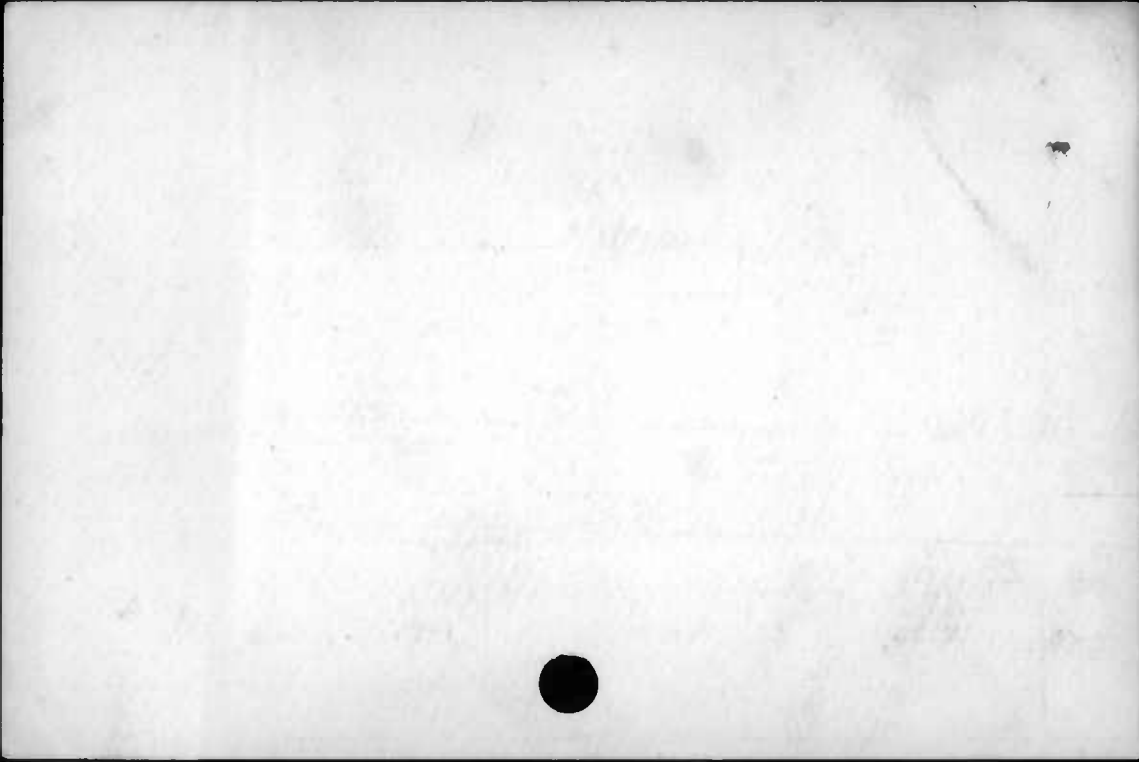
Signature of Physician

*George W. Gouster,*

Address

*Bushkittville.**At.*

Accident or Suicide?



Name  
in  
Full

Hartwood Miller.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gussarera		County Gmel.		MARYLAND	
Date of death	1907	Month 11	Day 16	Age	Years	Months 11	Days
Sex	male		Color or Race	white		Birth- place	Nest Va
Occupation	X			Where Residing if not at place of death X			
Married, Single or Widowed	X		Name of Wife or Husband X				
Father's Name	J Andrew H Miller					Father's Birthplace	Nest Va
Mother's Maiden Name	Bertha P Miller					Mother's Birthplace	Nest Va
Name of person giving In formation	Charles H Miller					How related to deceased	uncle

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Bronchial Pneumonia	How long	14 days.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		O. H. Cawley	
Address		Adams Street, Md.	
Accident or Suicide?			

Englewood  
W Va  
CC Cartwright

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**George W. Myers**

Town **Frederick City** County **Frederick Co** MARYLAND

Died at **Frederick City**

Date of death **1907** Month **Nov** Day **27** Age **79** Years Months **9** Days **5**

Sex **Male** Color or Race **White** Birth-place **W.C.**

Occupation **Retired Farmer** Where Residing if not at place of death **East Church St City**

~~Married~~ or Widowed ~~Widowed~~ Name of Wife or ~~Wife~~ **Ann Margaret Myers**

Father's Name **Peter Myers** Father's Birthplace **Co**

Mother's Maiden Name **Rebecca Freestrey** Mother's Birthplace **Co**

Name of person giving information **Northey Glaze** How related to deceased **Son-in-law**

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary **Old age** How long **Gradual**

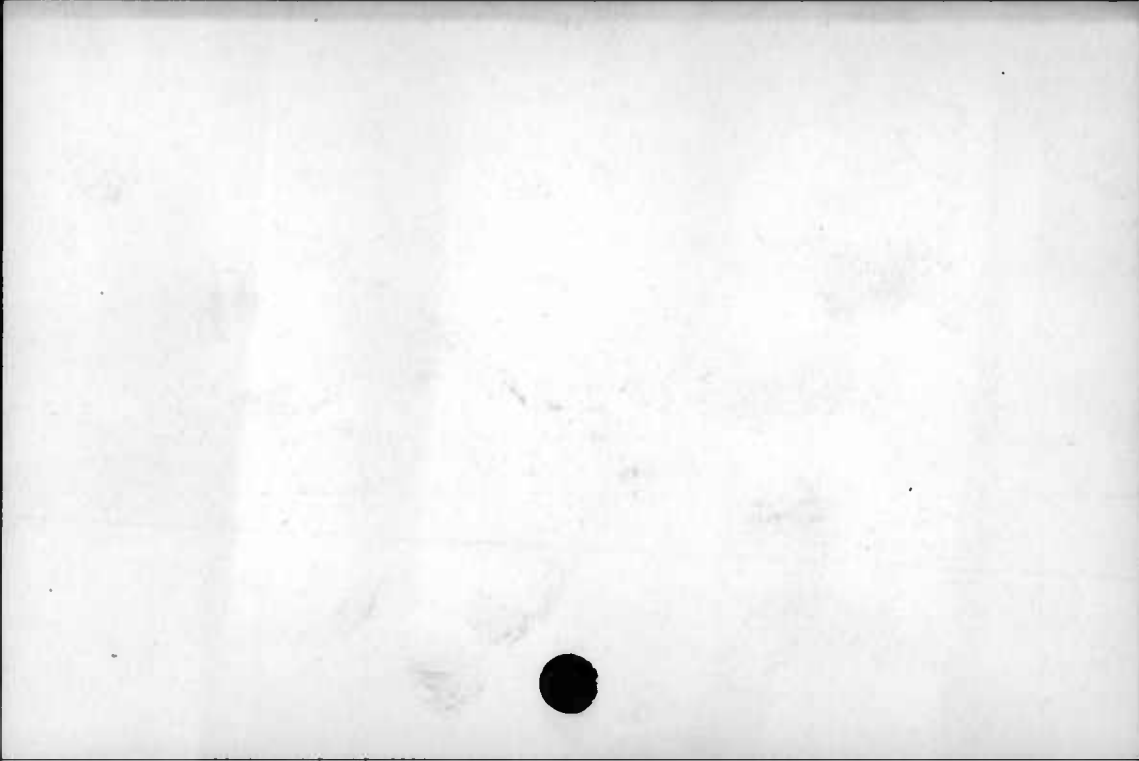
Immediate **General debility** How long **Gradual**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **D. B. Johnson M.D.**

Address **Indaver Ind**

Accident or Suicide? **No**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Res't George Nixdorff -

Died at *Frederick* <sup>Town</sup> *City* <sup>County</sup> *Frederick*

Date of death *1907* <sup>Month</sup> *11* <sup>Day</sup> *5* <sup>Age</sup> *78* <sup>Years</sup> *2* <sup>Months</sup> *15* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Frederick Md*

Occupation *Minister* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *Henry Nixdorff* Father's Birthplace *Frederick Md*

Mother's Maiden Name *Susan Medtner* Mother's Birthplace

Name of person giving information *Self* How related to deceased *Nephew*

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary *Aschemia* How long *7 yrs*

Immediate *Eclampsia* How long *7 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes -*

Signature of Physician *Franklin Buchanan Smith*

Address *Frederick Md*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Notnagle Carrie Belle Notnagle</i>		Town <i>Indenick</i>		County <i>Indenick</i>		MARYLAND	
Died at <i>Indenick</i>		Month <i>11</i>		Day <i>30</i>		Years <i>45</i>	
Date of death <i>1907</i>		Age <i>45</i>		Months <i>7</i>		Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indenick</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Husband <i>Adam Notnagle</i>					
Father's Name <i>James O Murphy</i>				Father's Birthplace <i>Indenick Co Md</i>			
Mother's Maiden Name <i>Annie Carlin</i>				Mother's Birthplace <i>Indenick Md</i>			
Name of person giving information <i>Annie Carlin</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>2/</i>
Immediate <i>Nephritis</i>	How long <i>Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>H P Gehring MD</i>
	Address <i>Indenick Md</i>
Accident or Suicide?	

C. C. (Carty)

Mt. Olivet Cemetery Co.

Dec 2 1907

Name  
in  
Full

Daniel Wesley Parnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Blounts</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Nov</u>	Day <u>22</u>	Age <u>20</u>	Months <u>3</u> Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth place <u>MD</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Martha Parnes</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>William Parnes</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

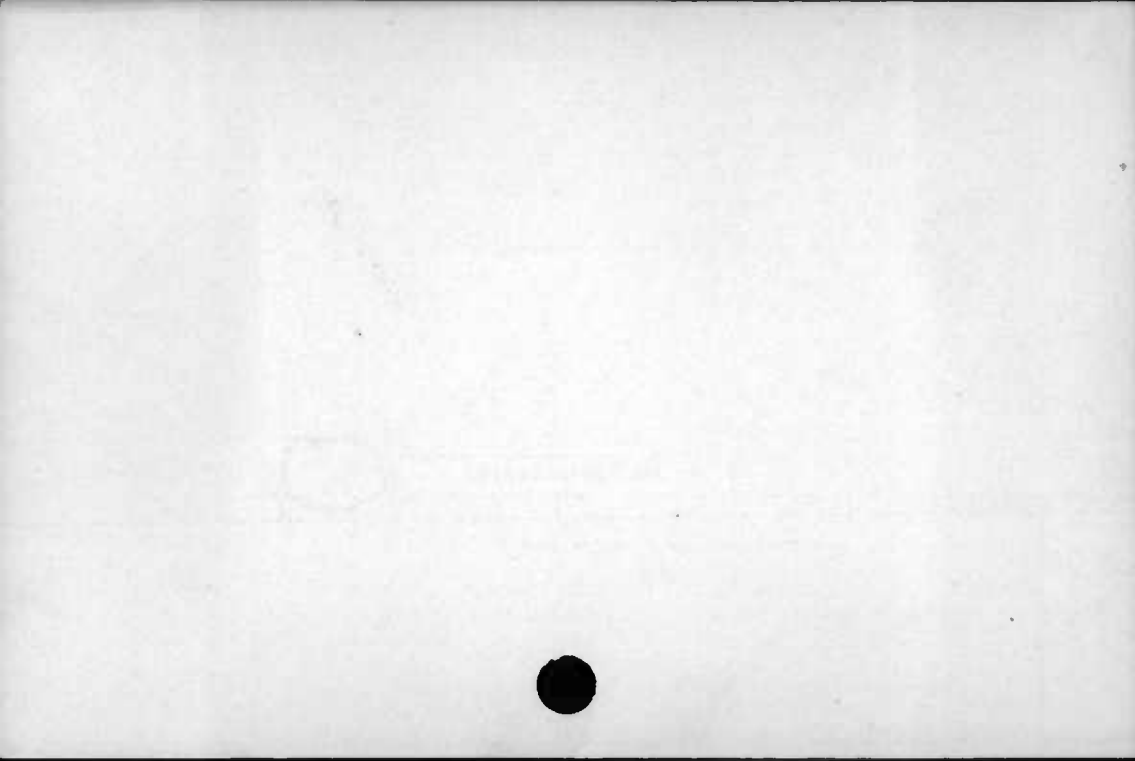
166

PHYSICIAN  
OR CORONER

Primary	<u>Gunshot wound / abdomen</u>	How long	<u>5 min</u>
Immediate	<u>Chest</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. Clyde Robinson</u>	
		Address <u>Buckharts</u>	
Accident or Suicide? <u>Accident</u>			



Name in Full <b>Annie M. Plunkert</b>		Town <b>Brunswick</b>		County <b>Fredesnee</b>		MAYLAND	
Died at <b>13</b>		Month <b>Nov.</b>		Day <b>6</b>		Age <b>89</b>	
Date of death <b>1907</b>		Month <b>Nov.</b>		Day <b>6</b>		Years <b>89</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>		Months <b>4</b>	
Occupation <b>House wife</b>		Where Residing if not at place of death		Days <b>23</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Living J. Plunkert</b>		Father's Birthplace <b>Ind,</b>			
Father's Name <b>Frank Hamilton</b>		Mother's Maiden Name <b>Don't know</b>		Mother's Birthplace <b>—</b>			
Name of person giving information <b>Living J. Plunkert</b>		How related to deceased <b>Husband</b>					
CAUSES OF DEATH							
Primary <b>Chronic Heart Disease</b>		How long <b>5 mo.</b>					
Immediate <b>Pneumonia</b>		How long					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. S. Hedges</b>		Address <b>Brunswick</b>			
Accident or Suicide?							





Name  
in  
Full

Maggie Powell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

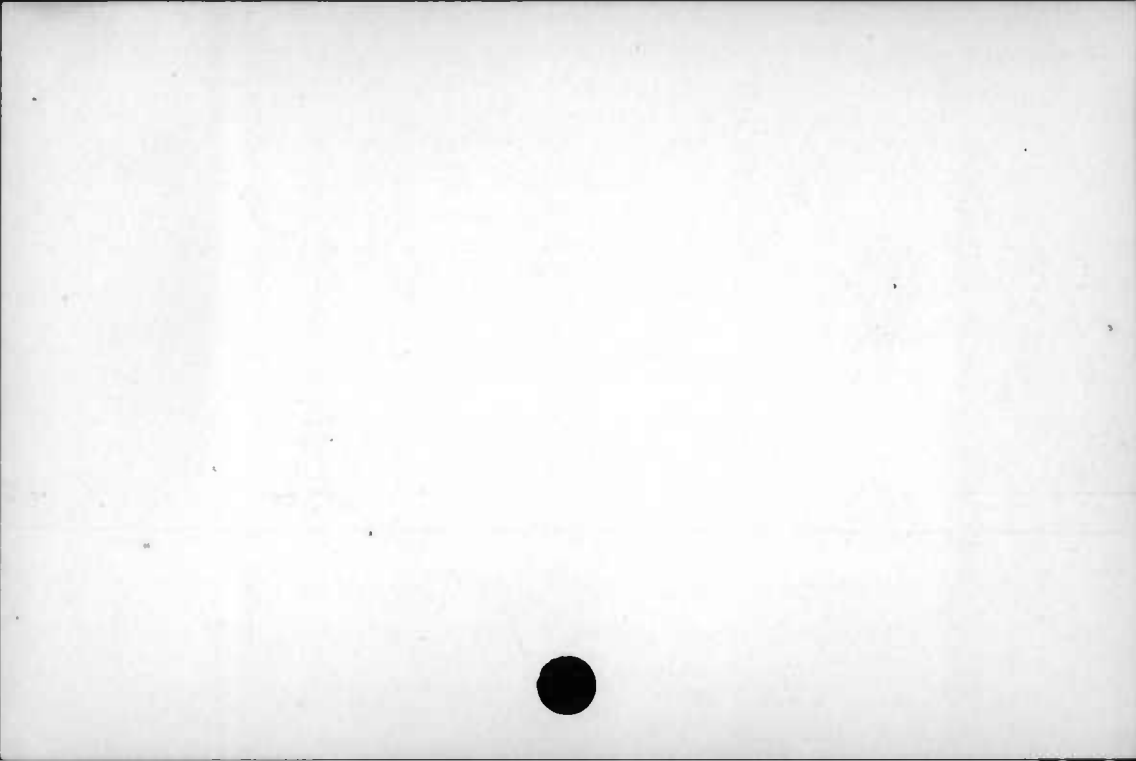
Died at <i>Monticue Hospital Frederick</i>		County		TOWN		MAYLAND	
Date of death	1907	Month	11	Day	7	Age	35
Sex	Female	Color or Race	Colored	Birth place	Mount Co.		
Occupation	Sewing Machine		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband					
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	Hospital records			How related to deceased			

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	<i>Toxic Insanity</i>	How long	<i>Six hrs</i>
Immediate	<i>Insanity + Exhaustion</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. S. Lyons</i>
		Address	<i>Frederick, Md</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

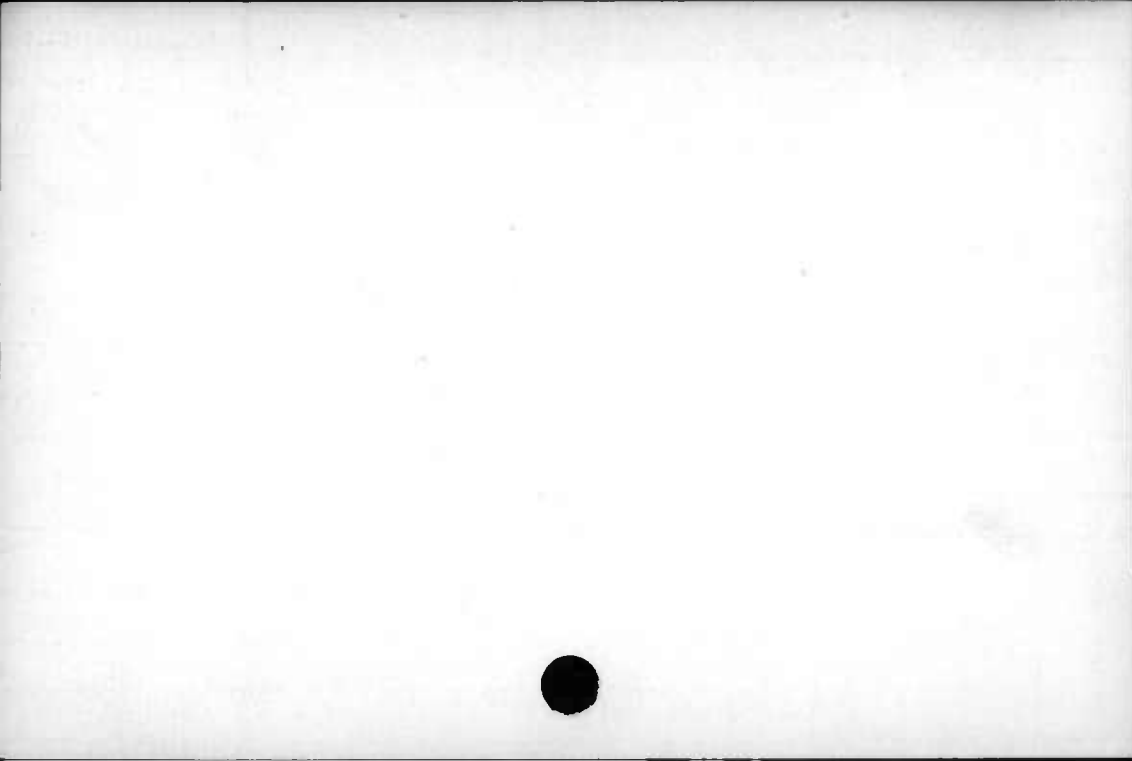
Died at <i>Lewistown</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>22</i>	Age <i>81</i>	Years <i>4</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth</i>				
Father's Name <i>Uncle</i>	Father's Birthplace				
Mother's Maiden Name <i>Uncle</i>	Mother's Birthplace				
Name of person giving information <i>Jamiey</i>	How related to deceased				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Organic heart disease</i>	How long <i>Three years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E D Neighbourn</i>
	Address <i>Lewistown Md</i>
Accident or Suicide?	



Name  
in  
Full

Susan A. E. Quinn

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Fredricks

Fredricks

Date

Month

Day

Years

Months

Days

of death 1907

11

22

Age

69

12

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Housewife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

John S. Quinn

Father's  
Name

Jacob T. Miller

Father's  
Birthplace

Mod

Mother's  
Maiden Name

Mary Levy

Mother's  
Birthplace

"

Name of person giving  
In formation

W. H. Quinn

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Diabetes, at the stomach

How long

1 year

Immediate

Cardiac Paralysis

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Frank Hedger

Address

Fredricks

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIEND

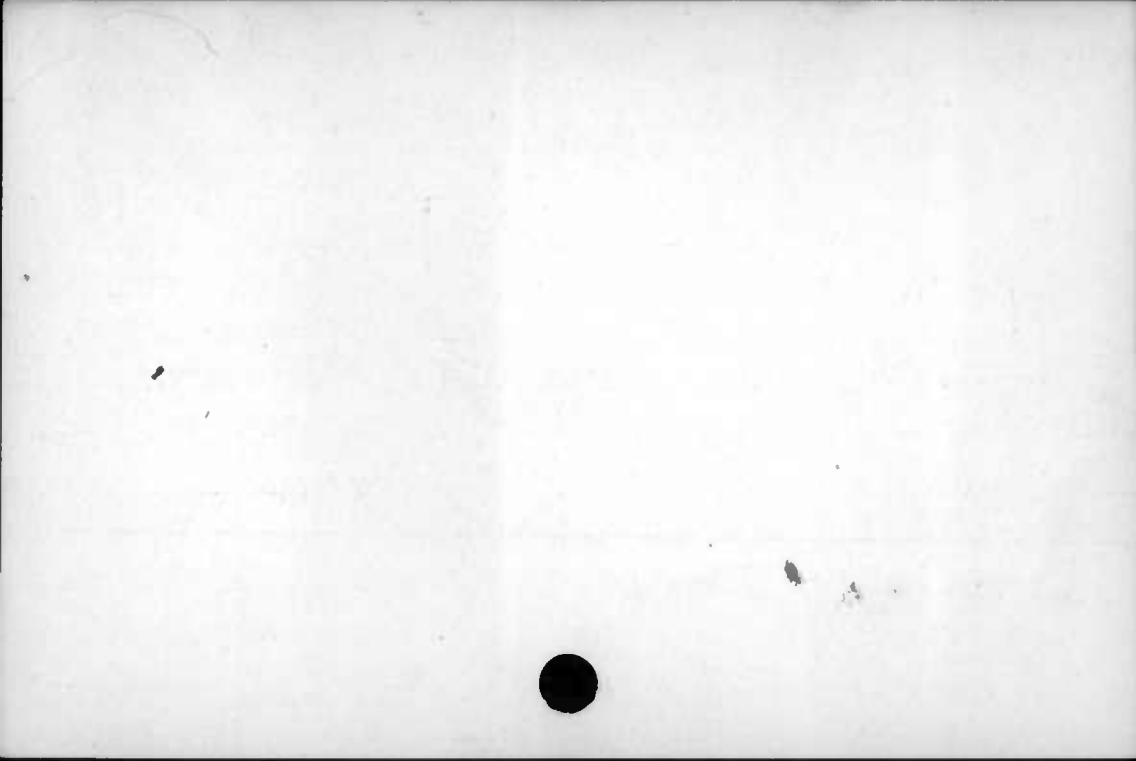
PHYSICIAN  
OR CORONER

Interment at Mt Olivet

" Nov 24 —

Thomas P. Rice F. D.

Name in Full		The Margaret B. Ramsbury				CERTIFICATE OF DEATH		
		Died at Frederick		County Frederick		MARYLAND		
		Date of death	1907	Month Nov	Day 24th	Age 61	Years Months Days	
TO BE ANSWERED BY NEAREST FRIEND		Sex	Female		Color or Race	White		
		Occupation	H. Mfg		Birth-place	Md.		
		Where Residing if not at place of death						
		Married, Single or Widowed	Married		Name of Wife or Husband	T. C. Ramsbury		
		Father's Name	Thomas Clayzett		Father's Birth-place	Md.		
		Mother's Maiden Name	Lynethia Norwood		Mother's Birth-place	Md.		
		Name of person giving information	Clayzett Ramsbury		How related to deceased	Son		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">74</div>								
PHYSICIAN OR CORONER		Primary	Neuresthina Red, acute				How long	7 years
		Immediate	Bronchitis, Hypertatic pneumonia				How long	10 days
		Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Frank H. Hedgys		
					Address	Frederick		
		Accident or Suicide?						





Name  
in  
Full

Elmer LeRoy Rippeau

## CERTIFICATE OF DEATH

Died at <i>Walkersville</i> <sup>Town</sup>		<i>Federick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Walkersville Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Howard Rippeau</i>			Father's Birthplace <i>Liberty Md.</i>		
Mother's Maiden Name <i>Daisy Painter</i>			Mother's Birthplace <i>Ida.</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>In no wise</i>		

## CAUSES OF DEATH

27

Primary *Phthisis*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

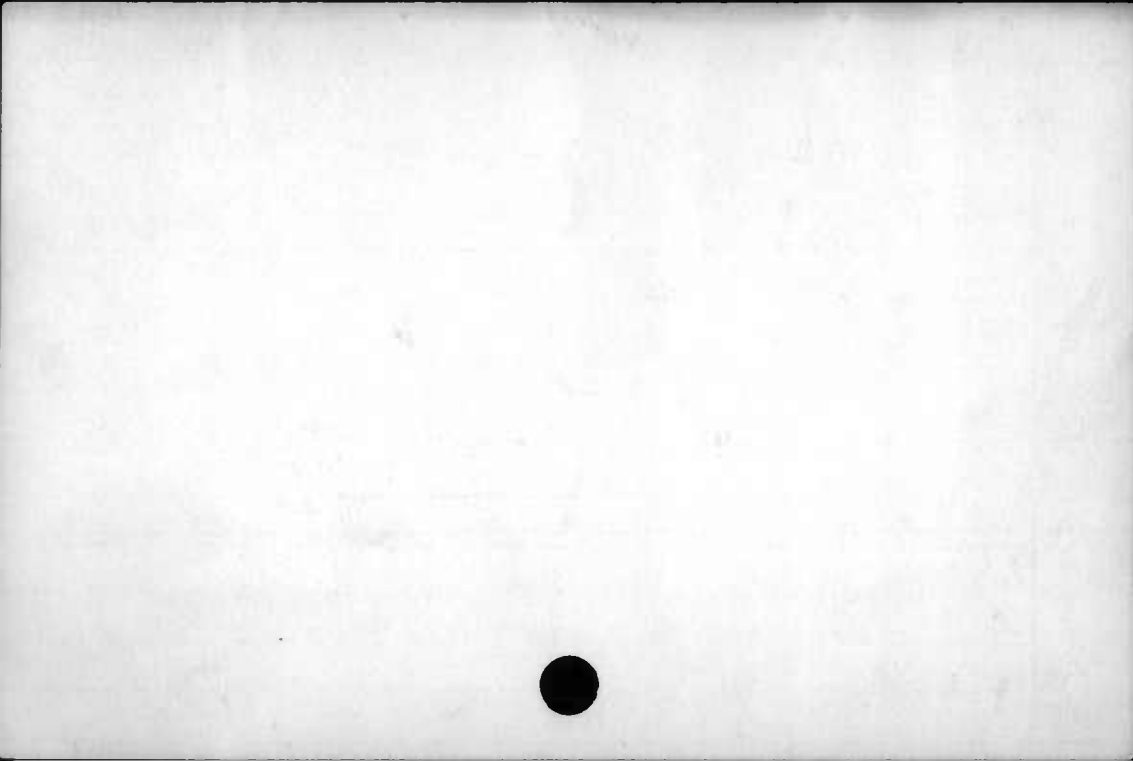
Signature of Physician

Address

*John S. McCredden*  
*Walkersville*  
*Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ina Elizabeth Roberts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Araby <sup>Town</sup> Frederick <sup>County</sup> MARYLAND

Date of death 1907 November <sup>Month</sup> 30 <sup>Day</sup> Age 4 <sup>Years</sup> - <sup>Months</sup> - <sup>Days</sup>

Sex Female Color or Race White Birth-place Araby

Occupation None Where Residing if not at place of death Araby

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James N. Roberts Father's Birthplace Araby

Mother's Maiden Name Elsie J. Null Mother's Birthplace Araby

Name of person giving information Father of deceased How related to deceased Father

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Pneumonia How long 2 weeks

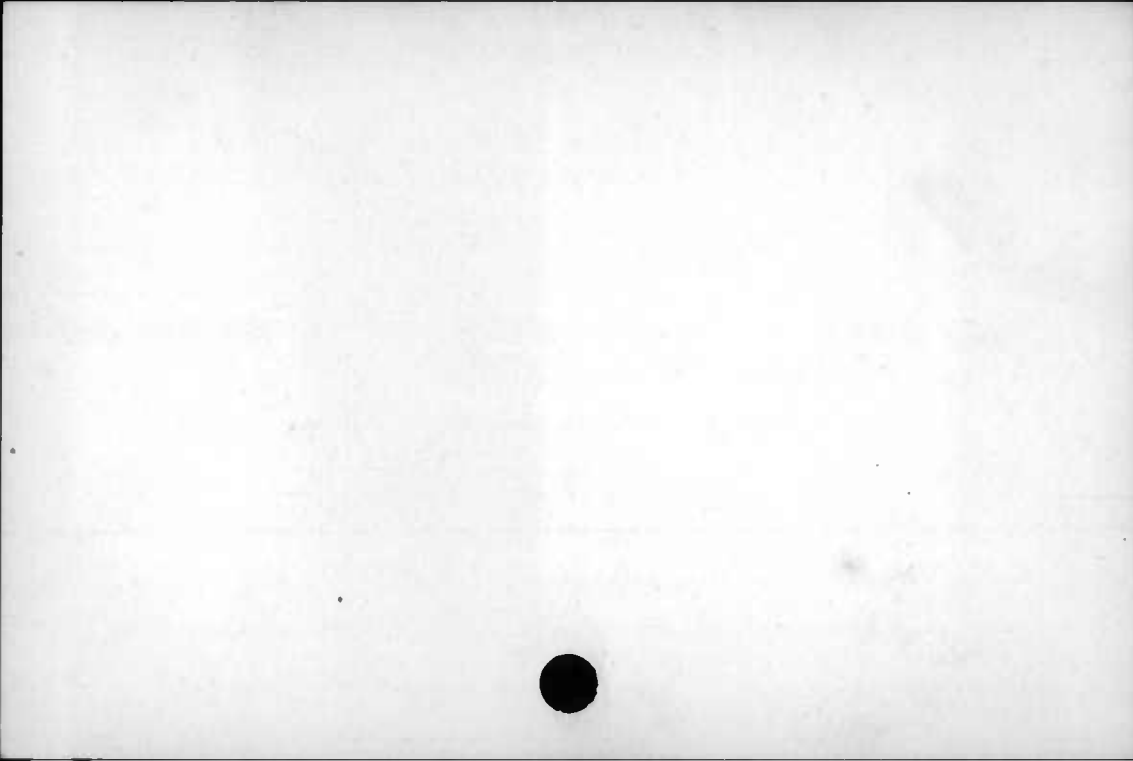
Immediate Heart failure How long 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm M. Smith

Address Frederick, Md.

Accident or Suicide?



Name  
in  
Full

Ruback &amp; Rontzahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town *"* County

Date of death *1907* *11* Month *28* Day Age *71* Years Months *10* Days *7*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Retired* Where Residing if not at place of death *X*

~~Married, Single or Widowed~~ Name of Wife or Husband *X*

Father's Name *Joseph Rontzahn* Father's Birthplace *Middleton Valley Md*

Mother's Maiden Name *Elizabeth Leightner* Mother's Birthplace *" " "*

Name of person giving information *Mrs L C Norwood* How related to deceased *Niece*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Acute Pneumonia* How long *6 days*

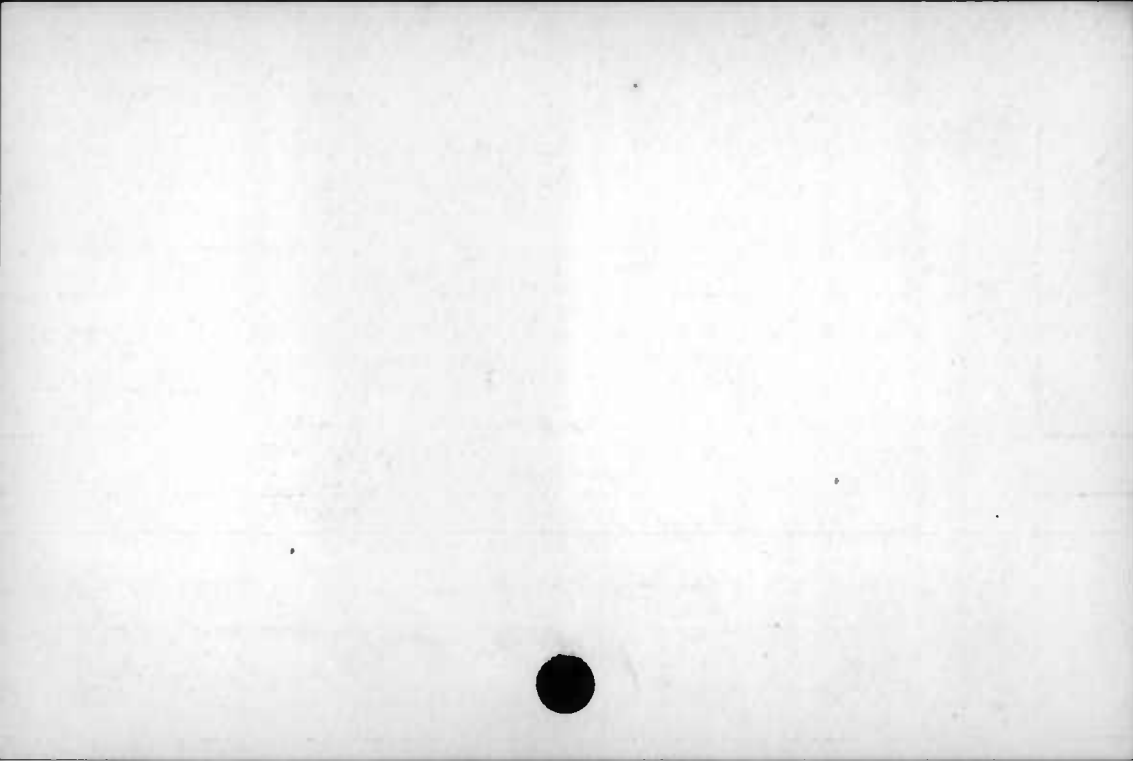
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. F. Gooden m.d.*

Address *Frederick Md*

Accident or Suicide? *No*



Name  
in  
Full

Elizabeth Smith

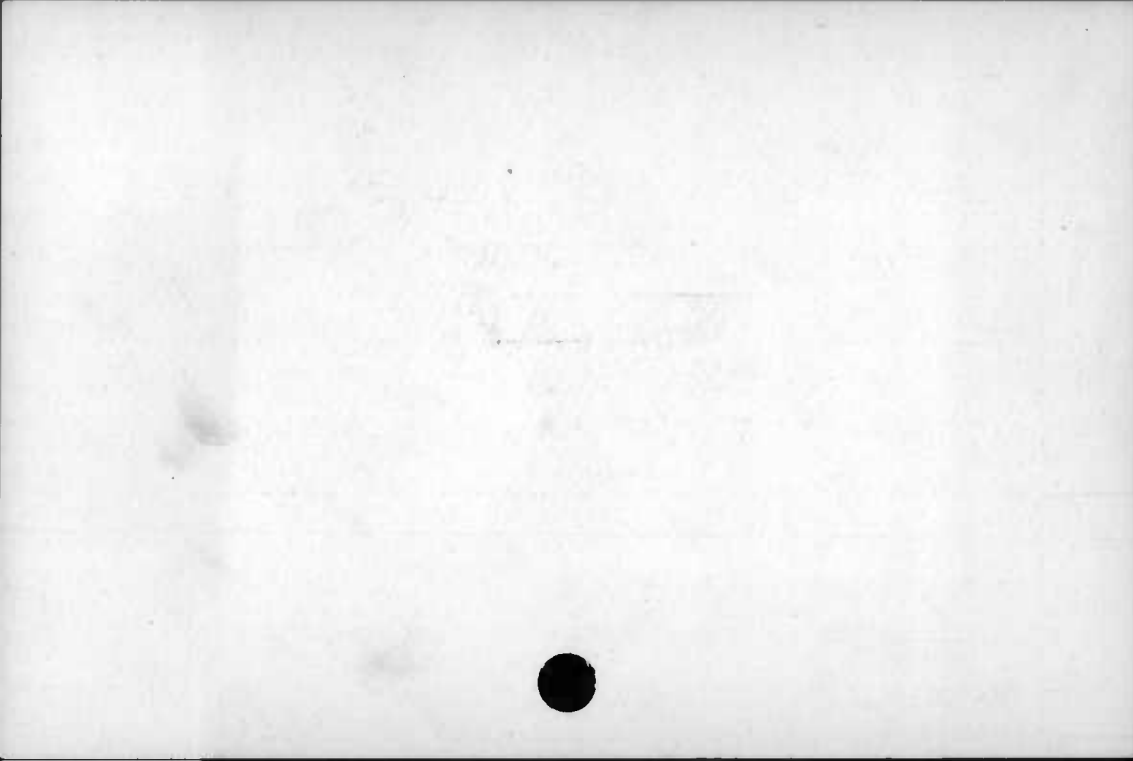
## CERTIFICATE OF DEATH

Died at <i>Shropston</i>		Town		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>11</i>	Day	<i>14</i>	Age	<i>88</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months	<i>8</i>
Occupation <i>Retired</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed		Name of <del>Wife</del> Husband <i>Corried Smith</i>					
Father's Name <i>Joseph Lightner</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>E. W. Schroeder</i>		How related to deceased <i>Undulaten</i>					

## CAUSES OF DEATH

Primary <i>Semir Depility</i>	How long <i>2 yrs</i>
Immediate <i>Paralysis of heart</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Goodrich md</i>
	Address <i>Fredrick.</i>
Accident or Suicide? <i>No</i>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Henrietta Smithson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

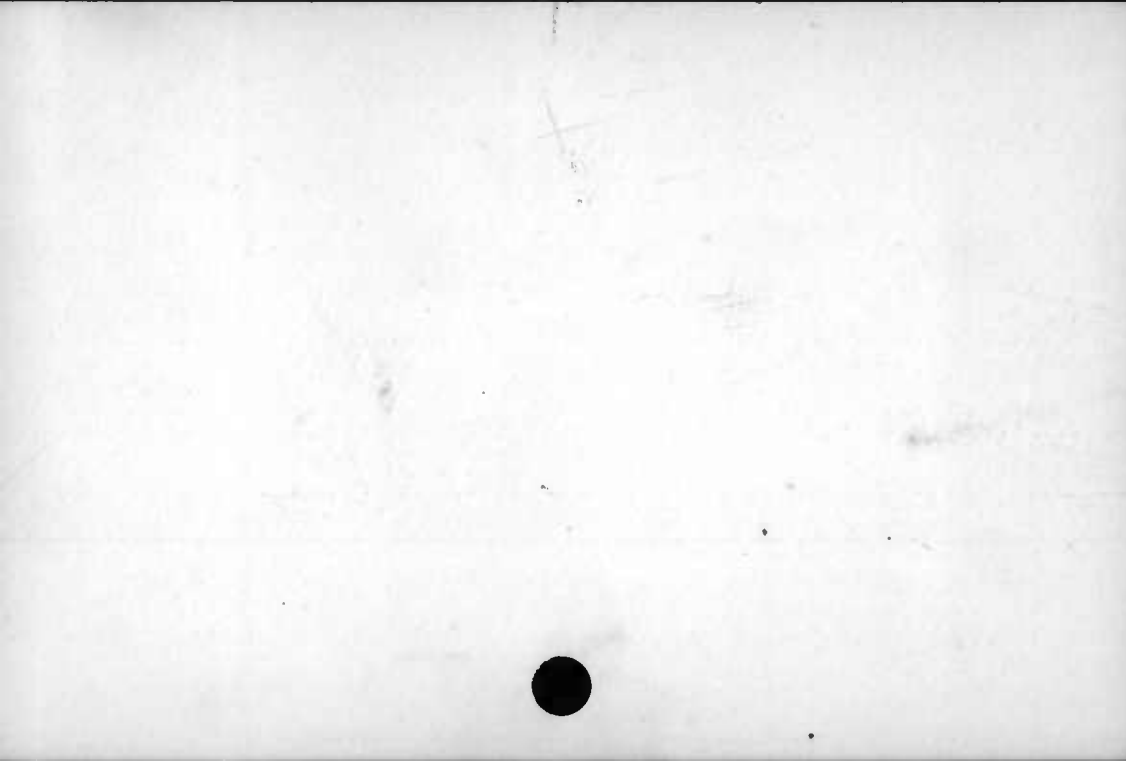
Died at <i>Monticune Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>4</i>	Age <i>50</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Washington Co,</i>				
Occupation <i>Domestic servant</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Hospital record</i>	How related to deceased						

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary <i>Heart debility</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lysons</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name  
in  
Full

Dr Samuel F Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

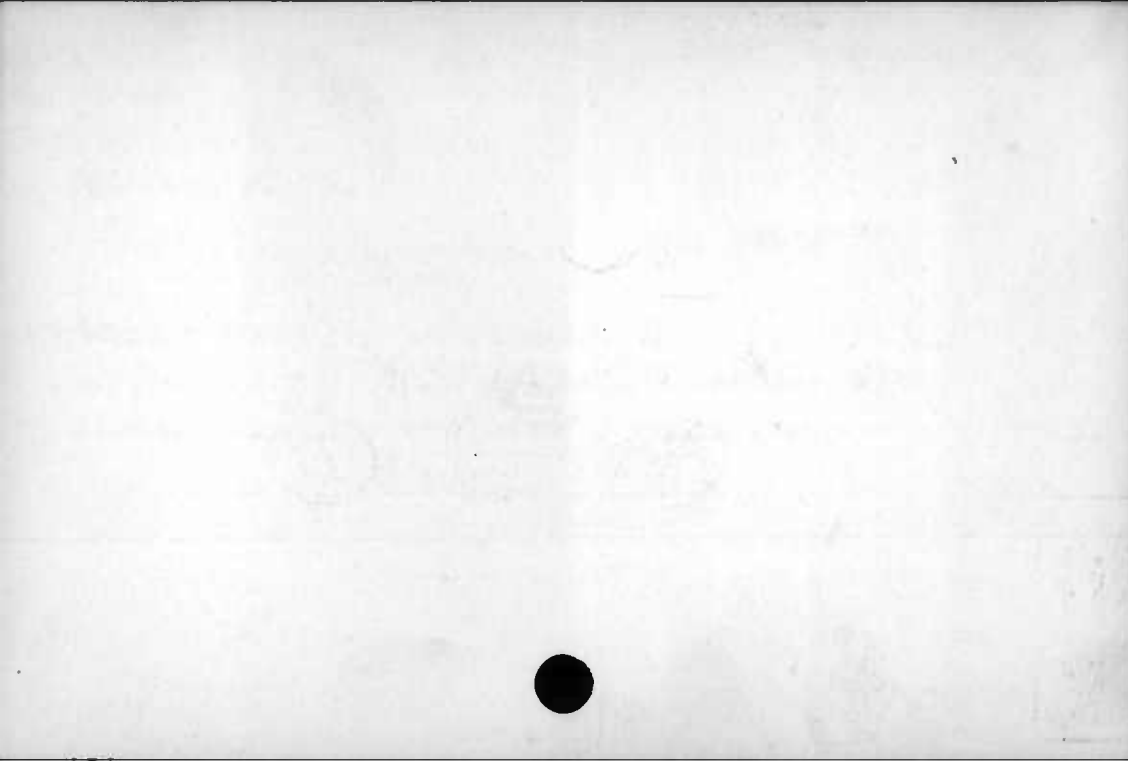
Died at <i>Indiana</i>		Town <i>Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>23</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Indiana Co Ind</i>			
Occupation <i>Druggist</i>		Where Residing if not at place of death <i>Indiana Co Ind</i>					
Married, <input checked="" type="checkbox"/> Single or Widowed		Name of Wife or Husband <i>Charlotte E. Thomas</i>					
Father's Name <i>John B Thomas</i>		Father's Birthplace <i>Indiana Co Ind</i>					
Mother's Maiden Name <i>Charlotte E Thomas</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs Annie Thomas</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Myocarditis</i>	How long	<i>2 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm M. Smith</i>	
		Address <i>Frederick, Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmony Grove</i> <small>Town</small> <i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>November</i> <small>Month</small> <i>9</i> <small>Day</small>	Age <i>32</i> <small>Years</small>	<i>1</i> <small>Months</small> <i>27</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ft. Co Md</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Milland Wachter</i>		
Father's Name <i>Charles A. Bell</i>	Father's Birthplace <i>Ft. Co Md</i>		
Mother's Maiden Name <i>Louise Stultz</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Milland R Wachter</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary <i>Abortion</i>	How long <i>Six weeks</i>
Immediate <i>Septicemia &amp; Asthenia</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Haggner, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	

Interment at Charlesville  
F. L. Noel

" Nov. 11 - 07

Thomas P. Rice

Name  
in  
Full

Infant

## CERTIFICATE OF DEATH

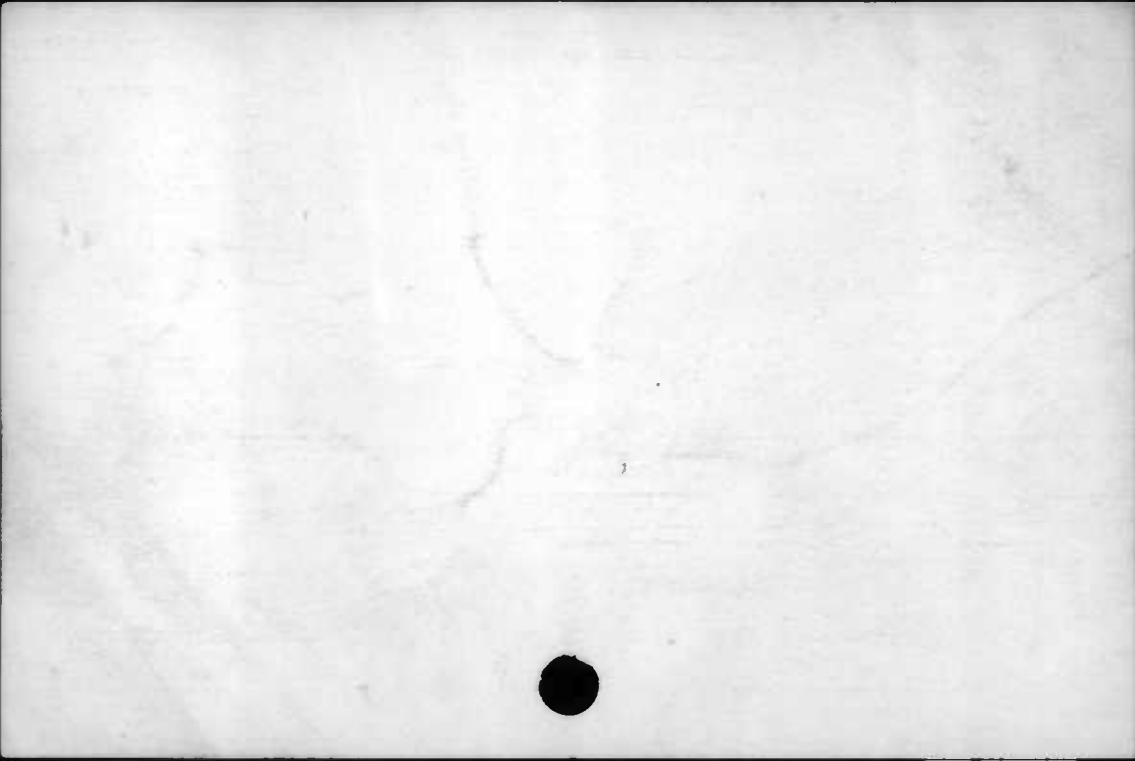
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Adamstown</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	11	Day	25
Sex <i>female</i>		Color or Race <i>Black</i>		Age	<i>five</i> Months <i>27</i> Days
Occupation		Birth-place <i>Adamstown</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Henry Weeden</i>		Father's Birthplace <i>Dickerson</i>			
Mother's Maiden Name <i>Mary Weeden</i>		Mother's Birthplace <i>Mountville</i>			
Name of person giving information <i>Henry Weeden</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Laudanum poisoning</i>	How long <i>ten hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jack Thomas, M.D.</i>
	Address <i>Adamstown, Md.</i>
Accident or Suicide?	





Name  
in  
Full

William Franklin Wilders

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

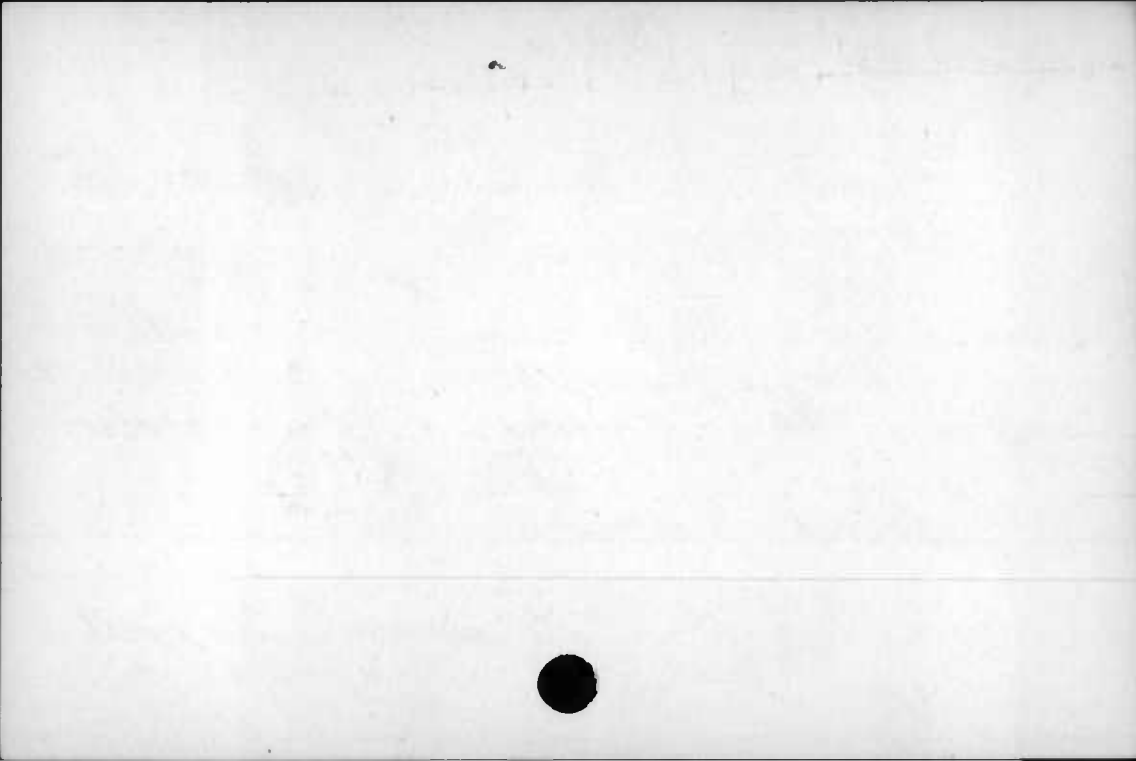
Died at		Town <i>Fredrick</i>		County <i>11</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>24</i>	Age <i>57</i>	Years <i>3</i>	Months <i>11</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			<i>X</i>
Married, <del>Single</del> or Widowed	Name of Wife or Husband			<i>Elizabeth Miller</i>			
Father's Name	<i>James Wildus</i>			Father's Birthplace	<i>Pa</i>		
Mother's Maiden Name	<i>Mary Heeler</i>			Mother's Birthplace	<i>Pa</i>		
Name of person giving information	<i>M. L. Cragger</i>			How related to deceased	<i>Uncle</i>		

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<i>Abscess of Liver</i>		How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Lehus. F. Gordene md</i>
			Address	<i>Fredrick. Md</i>
Accident or Suicide?		<i>No</i>		



Name  
in  
Full

Ida Frances Wiler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Petersville		County Frederick		MARYLAND	
Date of death	1907	Month 11	Day 12	Age 45	Years	Months 5	Days 12
Sex	Female		Color or Race	White		Birth place	Myersville
Occupation	Steamfitter			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jacob Wiler					Father's Birthplace	Middletown
Mother's Maiden Name	Mary C. Snyder					Mother's Birthplace	Myersville
Name of person giving information	Edna E. Kupper					How related to deceased	Sister

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

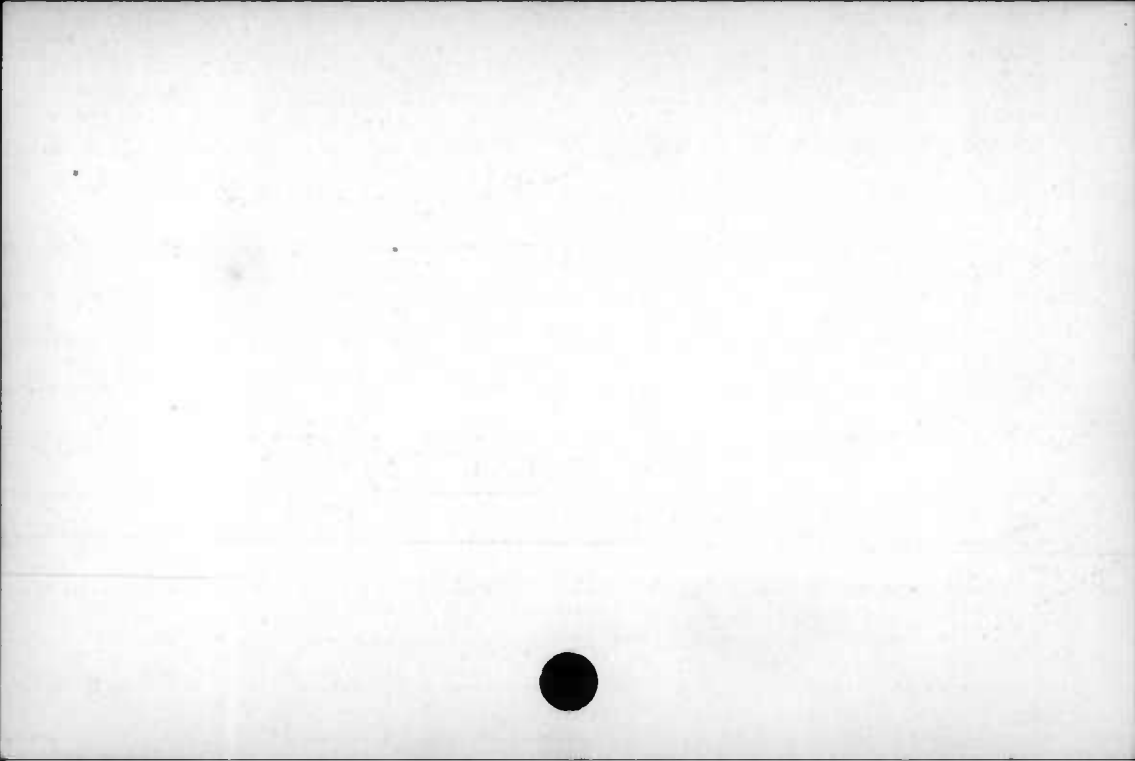
Yes

Signature of Physician

Address

Samuel Claggitt  
Petersville  
Md.

Accident or Suicide?



Name  
in  
Full

Mary Jane Wiles

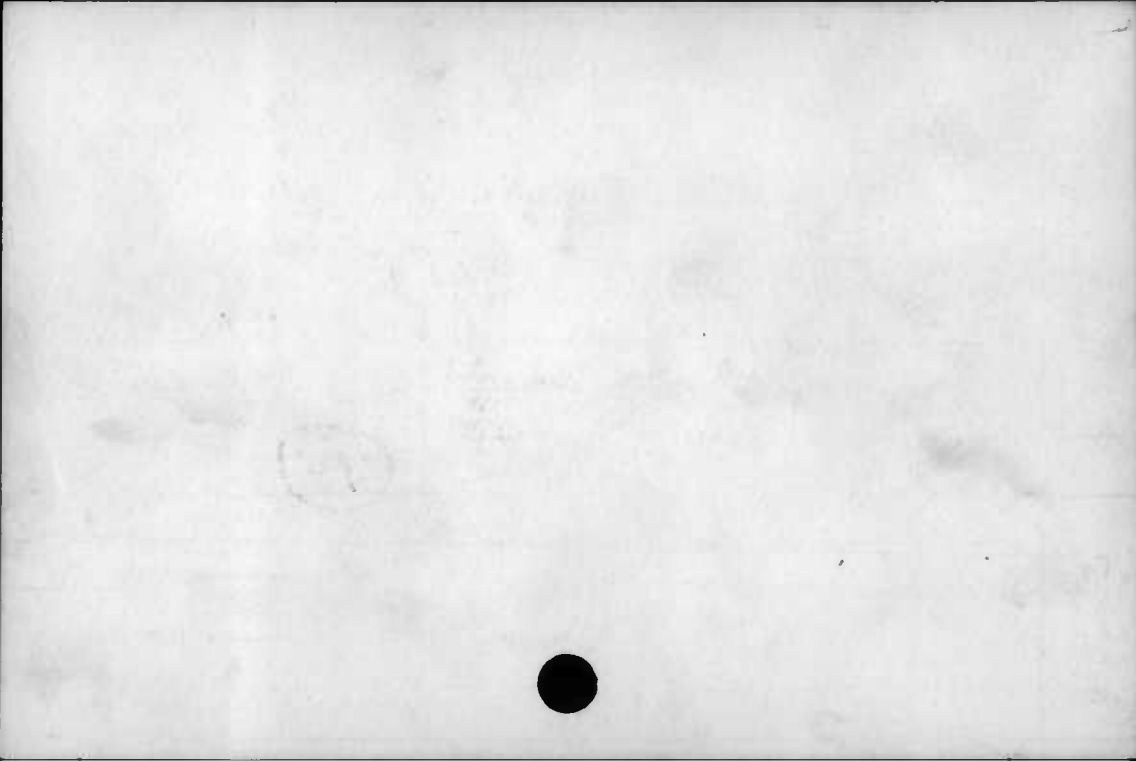
## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Frederick			<sup>County</sup> Frederick			MARYLAND		
Date of death 1907		Month November	Day 16	Age 65	Years	Months 8	Days 14	
Sex Female		Color or Race White		Birth-place Woodborough				
Occupation House wife		Where Residing if not at place of death Frederick Md.						
Married, Single or Widowed Married		Name of Wife or Husband Joseph Wiles						
Father's Name Joseph C. Craig		Father's Birthplace Crigierstown						
Mother's Maiden Name Susan Statub		Mother's Birthplace Crigierstown						
Name of person giving information		Family record						

## CAUSES OF DEATH

95

PHYSICIAN OR CORONER	Primary	General debility	How long	6 months
	Immediate	Oedema of lungs	How long	6 days
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm M. Smith	
			Address Frederick, Md.	
	Accident or Suicide?			



Name

in  
Full

Richard R. B. Wittington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

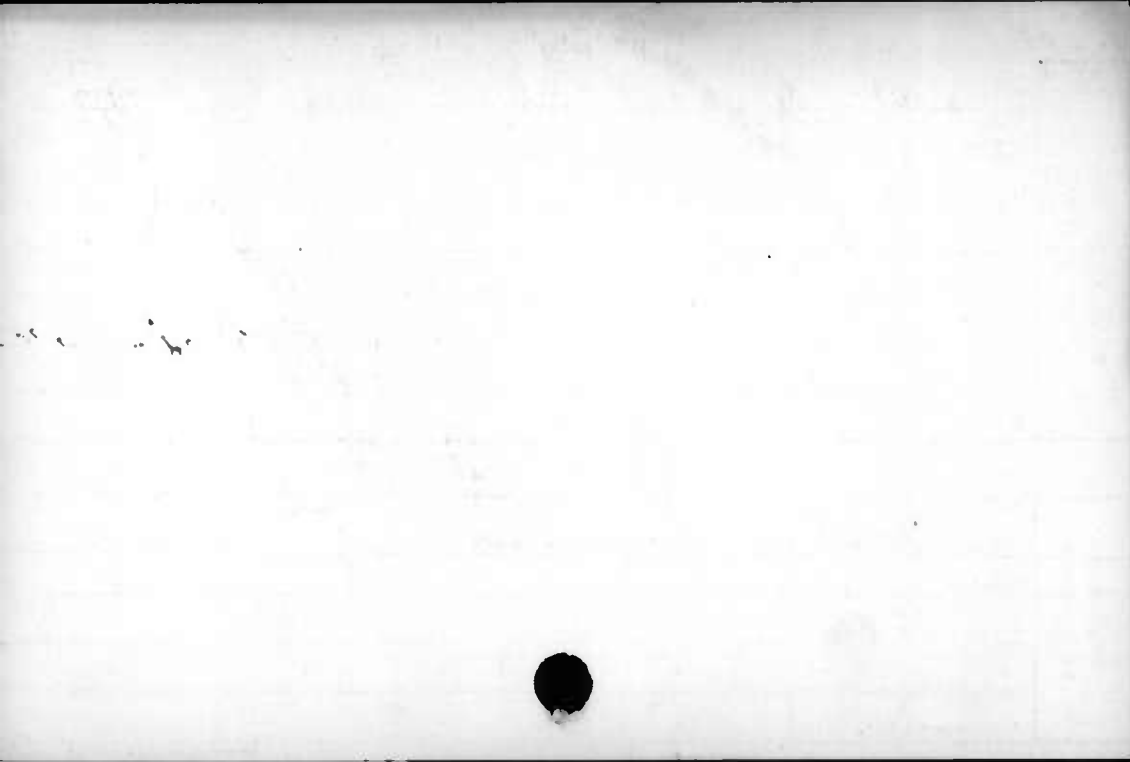
Died at <i>Monter Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>24</i>	Age <i>45</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Borchester Md</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hospital record</i>			How related to deceased				

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary	<i>Epileptic Convulsions</i>	How long	<i>1 day</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. A. Lysons</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret S. Hollard*

Town *Thurmont* County *Frederick*

Died at *Thurmont* MARYLAND

Date of death *1907* Month *Nov* Day *19th* Age *65* Years Months *7* Days *11*

Sex *Female* Color or Race *White* Birth-place *Thurmont Md*

Occupation *Housewife* Where Residing if not at place of death *2*

Married, Single or Widowed *Widow* Name of Wife or Husband *James Hollard*

Father's Name *John Groff* Father's Birthplace *Thurmont Md*

Mother's Maiden Name *Sophia Middle* Mother's Birthplace *" "*

Name of person giving information *Charles Hollard* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Organic Heart Disease* How long *10 years*

Immediate *Heart failure* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. C. Refavor*

Address *Thurmont Md.*

Accident or Suicide? *No*

